

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee							
Full Name of Contributor Dana G. Rinehart						Registration Number, if PAC	
Street Address 300 E. Broad St., Ste. 190		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 1	Amount \$100.00	
Full Name of Contributor Donald Gorman						Registration Number, if PAC	
Street Address 319 Morgan Lane		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 2	Amount \$100.00	
Full Name of Contributor Robert J. Weiler						Registration Number, if PAC	
Street Address 41 S. High St., Ste. 1010		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 1	Amount \$100.00	
Full Name of Contributor Gregory B. Comfort						Registration Number, if PAC	
Street Address 2275 Onandaga Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Combus	State OH	Zip Code 43221	M 0	D 8	Y 1	Amount \$100.00	
Full Name of Contributor John Bain						Registration Number, if PAC	
Street Address 2501 Sandover		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 1	Amount \$100.00	
Full Name of Contributor Michael S. Carder						Registration Number, if PAC	
Street Address 1312 Windtree Ct.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 8	Y 2	Amount \$250.00	
Full Name of Contributor Al Sampson						Registration Number, if PAC	
Street Address 5797 Country House Lane		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 0	D 8	Y 2	Amount \$200.00	
Full Name of Contributor Sema Muharrem						Registration Number, if PAC	
Street Address 4706 Sibel Ct.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 8	Y 2	Amount \$150.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,100.00**