

FOR PAPER FILING ONLY

Statement of Contributions Received

Page 3

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee							
Full Name of Contributor Richard Pontius					Registration Number, if PAC		
Street Address 3841 Patricia Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 2 2 0 7	Amount \$500.00 ✓	
Full Name of Contributor William Stehle					Registration Number, if PAC		
Street Address 654 Crossing Creek S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 2 2 0 7	Amount \$50.00 ✓	
Full Name of Contributor Kevin Walker					Registration Number, if PAC		
Street Address 6801 Meadow Glen S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43082	M 0	D 8	Y 2 2 0 7	Amount \$100.00 ✓	
Full Name of Contributor Patricia Walden					Registration Number, if PAC		
Street Address 980 Ridge Crest Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 0 7 0 7	Amount \$30.00 ✓	
Full Name of Contributor Robert Wilson					Registration Number, if PAC		
Street Address 339 Wynne Ridge Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 3 1 0 7	Amount \$25.00 ✓	
Full Name of Contributor Michael Moran, LPA					Registration Number, if PAC		
Street Address 181 Granville St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 0 7 0 7	Amount \$100.00 ✓	
Full Name of Contributor Smith & Hale LLC					Registration Number, if PAC		
Street Address 37 W. Broad		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 3 0 0 7	Amount \$250.00 ✓	
Full Name of Contributor Brigitte Prosch					Registration Number, if PAC		
Street Address 394 Howland Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 3 0 0 7	Amount \$250.00 ✓	

* 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 **\$1,305.00**