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Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full							
Re-Elect Becky Stinchcomb for Mayor	Comm	uttee		_			
Full Name of Contributor				Registra	ition Nur	nber, if P.	AC
Daniel Rako	_						
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
5969 Dublin Granville Rd							check
City	St	ate	Zip Code	М	D	Y	Amount
New Albany	0	H	43054		1 8		25.00
Full Name of Contributor				Registra	tion Nur	nber, if P	AC
Jennifer Gifford							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1222 Shagbark Road							check
City	St	ate	Zip Code	М	D	Y	Amount
Gahanna	0	H	43230	110	1 8	017	50.00
Full Name of Contributor				Registra	tion Nur	nber, if P.	AC
Michael Underwood							
Street Address	Employe	r/Occup	ation/Labor Organization*	•			Form (Cash, Check, etc.)
891 Dark Star Ave.							check
City	St	ate	Zip Code	М	D	Y	Amount
Gahanna		Н	43230	110	2 9	017	100.00
Full Name of Contributor		<u>'</u>	10100			nber, if P.	
Street Address	Employe	r/Occup	ation/Labor Organization*			· • · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)
City	St	ate	Zip Code	М	D	Y	Amount
J,]		l i		1	
Full Name of Contributor		<u> </u>		Registra	tion Nur	nber, if P.	AC.
- Si Pane di Commonida				1.1.5			
Street Address	Employe	r/Occun	ation/Labor Organization*				Form (Cash, Check, etc.)
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City	St	ate	Zip Code	М	D	Υ	Amount
0.1.5		1	D.P Code	"i	ī	l i	,,
Full Name of Contributor	1	l		Registra	tion Nur	nber, if P.	AC
I di Name of Contitodio				IXCE15(1)	111011 1101	noci, n i	
Street Address	Employe	r/Occun	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employe	поссир	attold Labor Organization				Politi (Casii, Cheek, etc.)
c:			Zip Code	1 14	T D	Y	Amount
City	21	ate I	Zip Code	M	D	1	Amoun
F. H. Martin, and G. J. P. A.	1	ļ		Di	<u> </u>		1 · · ·
Full Name of Contributor				Registra	nur nur	nber, if P.	AC
	In .	,0					In (0.) (1.1.)
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	1		T	1 14	1 -	1	
City	St	ate I	Zip Code	М	D	Y	Amount
		<u> </u>					
Full Name of Contributor				Registra	ation Nur	nber, if P.	AC
							▼ :
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>						
City	St	ate .	Zip Code	М	D	Y	Amount
	1	<u> </u>	l				

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	175.00