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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Re-Elect Becky Stinchcomb for M	layor Committee	<u> </u>						
Full Name of Contributor			Registration Number, if PAC					
Gregg E. Morris								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
7680 Clearcreek Ct.						Check	<u> </u>	
City	State	Zip Code	М	D	Y	Amount		
Blacklick	O H	43004	0 9	1 2	017	Į.	50.00	
Full Name of Contributor			Registra	tion Nun	nber, if P	AC		
Carol Yates								
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash,	Check, etc.)	
9156 Tartan Fields Drive	,					Check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	O H	43017	018	2 9	0 7		1,000.00	
Full Name of Contributor	•	<u>'</u>			nber, if P.			
Ellen Murphy								
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1065 Cloverly Dr						Check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	ОТН	43230	019	0 7	017		25.00	
Full Name of Contributor	, ,				nber, if P	AC		
Mary L. Cartwright								
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash,	Check, etc.)	
1016 Ridge Crest Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OH	43230		0 7	1		50.00	
Full Name of Contributor		10200			nber, if Pa	AC	00.00	
Jane Peck					,	-		
Street Address	Employer/Occur	pation/Labor Organization*	- L	-		Form (Cash.	Check, etc.)	
1010 Ridge Crest Drive #3		,				Check		
City	State	Zip Code	М	D	Y	Amount	•	
Gahanna	O H	43230			0 7		50.00	
Full Name of Contributor		40200			nber, if P		50.00	
Thomas J. MacKessy			1108					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash	Check, etc.)	
4679 Aberdeen Ave	a.n.p.oyen occup	Janois Dabor Organization				Check		
City	State	Zip Code	М	D	Y	Amount	•	
Dublin	OH	43017			0 7		500.00	
Full Name of Contributor	1011	43017			ber, if P.		500.00	
Full Name of Contributor			Registra	tilon Muli	illet, ii F	AC .		
Street Address	Employer/Occur	nation/Labor Organization#				Eorm (Coch	Check, etc.)	
Street Address	Employer/Occuj	Employer/Occupation/Labor Organization*				rom (Cash,	Check, etc.)	
ra.	Pres-	7:- Cada	1 14	I B	Ιv	Amana		
City	State	Zip Code	M	D	Y	Amount		
5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			 		1 (57)	1.0		
Full Name of Contributor			Registra	ition Nun	nber, if P.	AC		
2	In					In (0. 1	Charles 1	
Street Address	Employer/Occuj	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
		Ta	1		1	ļ		
City	State	Zip Code	M	D	Y	Amount		
			<u> </u>	<u> </u>				

Page Total \$ 1,675.00

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