

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee									
Full Name of Contributor Gregg E. Morris						Registration Number, if PAC			
Street Address 7680 Clearcreek Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0 9	D 1 2	Y 0 7	Amount 50.00			
Full Name of Contributor Carol Yates						Registration Number, if PAC			
Street Address 9156 Tartan Fields Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 8	D 2 9	Y 0 7	Amount 1,000.00			
Full Name of Contributor Ellen Murphy						Registration Number, if PAC			
Street Address 1065 Cloverly Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 0 7	Y 0 7	Amount 25.00			
Full Name of Contributor Mary L. Cartwright						Registration Number, if PAC			
Street Address 1016 Ridge Crest Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 0 7	Y 0 7	Amount 50.00			
Full Name of Contributor Jane Peck						Registration Number, if PAC			
Street Address 1010 Ridge Crest Drive #3			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 0 7	Y 0 7	Amount 50.00			
Full Name of Contributor Thomas J. MacKessy						Registration Number, if PAC			
Street Address 4679 Aberdeen Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 9	D 2 7	Y 0 7	Amount 500.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			

* 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 \$ **1,675.00**