31-J-1 R.C. 3517.10

FOR PAPER FILING ONLY In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Re-Elect Becky Stinchcomb for Mayor Cor	or Committee				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Robert C. Stinchcomb	Description of Item or Service		M D Y Fair Market Value		
Street Address 1012 Cloverly Dr.	1st Class Stamps		0 2 2 8 0 7 \$9.36		
City	State	Zip Code	Received at Fundraising Event?		
Gahanna	ОН	43230	OYES O NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Robert C. Stinchcomb					
Street Address	Description of Item or Service		M D Y Fair Market Value		
1012 Cloverly Dr.	Paper		0 2 2 8 0 7 \$63.41		
City	State	Zip Code	Received at Fundraising Event?		
Gahanna	ОН	43230	OYES ONO		
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Number, if PAC		
Robert C. Stinchcomb			M D Y Fair Market Value		
Street Address	Description of Item or Service		0 2 2 8 0 7 \$26.68		
1012 Cloverly Dr.	Envelopes State Zip Code		Received at Fundraising Event?		
Gahanna	OH	43230	OYES O NO		
Full Name of Contributor		ation, Labor Organization*	Registration Number, if PAC		
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Street Address	Description of Item or Service		M D Y Fair Market Value		
	1				
City	Stal te	Zip Code	Received at Fundraising Event?		
	OH		OYES O NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or Service		M D Y Fair Market Value		
Steet Vittless					
City	Sta te	Zip Code	Received at Fundraising Event?		
	OH		OYES ONO		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
	ŀ				
Street Address	Description of Item or Service		M D Y Fair Market Value		
City	State OH	Zip Code	Received at Fundraising Event?		
	1 '		NO Registration Number, if PAC		
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, it FAC		
Carres Address	Description of Iter	m or Service	M D Y Fair Market Value		
Street Address	peacipled of held of between				
City	Star te	Zip Code	Received at Fundraising Event?		
	OH		Oyes O NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Service		Mi D Y Fair Market Value		
City	State	Zip Code	Received at Fundmising Event?		
	OH		OYES O NO		

Page Total \$99.45

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]