

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 Committee			
Full Name of Contributor Robert C. Stinchcomb	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 1012 Cloverly Dr.	Description of Item or Service 1st Class Stamps	M D Y 0 2 2 8 0 7	Fair Market Value \$9.36
City Gahanna	State OH	Zip Code 43230	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Robert C. Stinchcomb	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 1012 Cloverly Dr.	Description of Item or Service Paper	M D Y 0 2 2 8 0 7	Fair Market Value \$63.41
City Gahanna	State OH	Zip Code 43230	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Robert C. Stinchcomb	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 1012 Cloverly Dr.	Description of Item or Service Envelopes	M D Y 0 2 2 8 0 7	Fair Market Value \$26.68
City Gahanna	State OH	Zip Code 43230	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO

* 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)]

Page Total **\$99.45**