FUK PAPEK FILLIVO GIVE Y Statement of Contributions Received

Page

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committe					
Full Name of Contributor Ohio League of Conservation Voters			Registration Number, if PAC CP 1042		
Street Address 1200 W. Fifth Ave.	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	1 0 1 8 0 7	Amount \$150.00	
Full Name of Contributor Central Ohio Realtors			Registration Number, if PAC A Local PAC		
Street Address 2700 Airport Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43219	1 0 1 8 0 7	Amount \$1,000.00	
Full Name of Contributor Registration Number, if PAC Richard Pontius					
Street Address 3841 Patricia Dr.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43220	$\begin{array}{c c} & M & D & D & O \\ 1 & 0 & 1 & 8 & O & 7 \end{array}$	Amount \$500.00	
Full Name of Contributor Registration Number, if PAC Harlan Ruben					
Street Address 5062 Springfield Ct.	Employer/Occu	nation/Labor Organization*		Form (Cash, Check, etc.) check	
City Westerville	State OH	Zip Code 43081	1 0 1 8 0 7	Amount \$100.00	
Full Name of Contributor Registration Number, if PAC Charles Unterreiner					
Street Address 784 Wynstone Dr.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Lewis Center	State OH	Zip Code 43035	$1^{M} 0 1^{D} 8 0^{Y} 7$	Amount \$500.00	
Full Name of Contributor Registration Number, if PAC Gregory Burris					
Street Address 1600 Tillinghast Dr.	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43228	1 0 2 9 0 7	Amount \$50.00	
Full Name of Contributor Registration Number, if PAC Gregory Jackson					
Street Address 699 Founders Ridge Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	1 0 2 9 0 7	Amount \$50.00	
Full Name of Contributor E E Maddy Registration Number, if PAC					
Street Address 164 Misty Oak Pl	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	1 0 2 9 0 7	Amount \$200.00	

Page Total \$2,550.00

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