

FOR PAPER FILING ONLY
Statement of Contributions ReceivedPage 3

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee									
Full Name of Contributor Richard Pontius						Registration Number, if PAC			
Street Address 3841 Patricia Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 8	
						Y 2		Amount \$500.00	
Full Name of Contributor William Stehle						Registration Number, if PAC			
Street Address 654 Crossing Creek S.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 8	
						Y 2		Amount \$50.00	
Full Name of Contributor Kevin Walker						Registration Number, if PAC			
Street Address 6801 Meadow Glen S.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43082		M 0		D 8	
						Y 2		Amount \$100.00	
Full Name of Contributor Patricia Walden						Registration Number, if PAC			
Street Address 980 Ridge Crest Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 0		Amount \$30.00	
Full Name of Contributor Robert Wilson						Registration Number, if PAC			
Street Address 339 Wynne Ridge Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 8	
						Y 3		Amount \$25.00	
Full Name of Contributor Michael Moran, LPA						Registration Number, if PAC			
Street Address 181 Granville St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 0		Amount \$100.00	
Full Name of Contributor Smith & Hale LLC						Registration Number, if PAC			
Street Address 37 W. Broad			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M 0		D 8	
						Y 3		Amount \$250.00	
Full Name of Contributor Brigitte Prosch						Registration Number, if PAC			
Street Address 394 Howland Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 8	
						Y 3		Amount \$250.00	

* 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)]

Page Total **\$1,305.00**