

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

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 OH	Zip Code 43004	M 0	D 9	Y 1 2 0 7	Amount \$50.00	
Full Name of Contributor Carol Yates						Registration Number, if PAC	
Street Address 9156 Tartan Fields Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 0	D 8	Y 2 9 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 OH	Zip Code 43230	M 0	D 9	Y 0 7 0 7	Amount \$25.00	
Full Name of Contributor Mary L. Cartwright						Registration Number, if PAC	
Street Address 1016 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 7 0 7	Amount \$50.00	
Full Name of Contributor Jane Peck						Registration Number, if PAC	
Street Address 1010 Ridge Crest Dr. #3		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 0 7 0 7	Amount \$50.00	
Full Name of Contributor Thomas J. MacKessy						Registration Number, if PAC	
Street Address 4679		Employer/Occupation/Labor Organization* 43016				Form (Cash, Check, etc.) Check	
City Aberdeen Ave.	State Dublin	Zip Code	M 0	D 9	Y 2 7 0 7	Amount \$500.00	
Full Name of Contributor Rebecca W. Stinchcomb						Registration Number, if PAC	
Street Address 1012 Cloverly Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash loans	
City Gahanna	State OH	Zip Code 43230	M	D	Y	Amount \$970.38	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$2,645.38**

1475.00