31-A R.C. 3517.10

FOR PAPER FILING ONLY Statement of Contributions Received

Page 2.

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb	for Mayor Comm	nittee		
Full Name of Contributor G. Scott McComb			Registration Number, if PAC	
	· · · · · · · · · · · · · · · · · · ·			
Street Address 230 Barnhill Ct.	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Gahanna	State OH	Zip Code 43230	0 8 2 2 0 7	Amount \$125.00
Full Name of Contributor Tiney McComb		•	Registration Number, if	PAC
Street Address 6905 Clivdon Mews	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	0 8 2 2 0 7	Amount \$500.00
Full Name of Contributor Thomas Mosure	•		Registration Number, if PAC	
Street Address 2221 Shrock Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	$\begin{bmatrix} M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y \\ 0 & 7 \end{bmatrix}$	Amount \$400.00
Full Name of Contributor Doublas Godard	· · · · · · · · · · · · · · · · · · ·	•	Registration Number, if PAC	
Street Address 2030 Cambridge Blvd.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	0 8 2 2 0 7	Amount \$250.00
Full Name of Contributor E.E. Maddy			Registration Number, if	PAC
Street Address 164 Misty Oak Pl.	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	0 8 2 2 0 7	Amount \$50.00
Full Name of Contributor Mark Schroeder			Registration Number, if	PAC
Street Address 247 Hideaway Ct.	Employer/Occupation/Labor Organization*		<u> </u>	Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	0 8 2 2 0 7	Amount \$50.00
Full Name of Contributor Gerry Bird			Registration Number, if	PAC
Street Address 4063 Herald Sq.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
city Dublin	Suite OH	Zip Code 43016	0 8 2 2 0 7	Amount \$100.00
Full Name of Contributor Albert lacavone			Registration Number, if	PAC
Street Address 207 Vista Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	0 8 2 2 0 7	Amount 7 \$100.00

Page Total \$1,575.00

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)]