

FOR PAPER FILING ONLY

Statement of Contributions Received

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					Registration Number, if PAC	
Street Address 1012 Cloverly Dr.			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Gahanna	State OH	Zip Code 43230	M 0	D 3	Y 1307	Amount \$50.00
Full Name of Contributor Michael S. Carder					Registration Number, if PAC	
Street Address 1312 Windtree Ct.			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 3	Y 1607	Amount \$500.00
Full Name of Contributor Gerry Bird					Registration Number, if PAC	
Street Address 4063 Herald Square			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	M 0	D 3	Y 1707	Amount \$100.00
Full Name of Contributor Brad Yates					Registration Number, if PAC	
Street Address 15 Clairedan Dr.			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 3	Y 2307	Amount \$1,000.00
Full Name of Contributor Suzanne Edgar					Registration Number, if PAC	
Street Address 634 Morning St.			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	M 0	D 4	Y 1307	Amount \$350.00
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
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
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)]