

FOR PAPER FILING ONLY

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

07 DEC 12 AM 10:16
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Re-Elect Becky Stinchcomb for Mayor Committe						Registration Number, if PAC				
Full Name of Candidate Rebecca W. Stinchcomb						FRANKLIN COUNTY BOARD OF ELECTIONS				
Street Address 1012 Cloverly Dr.				Office Sought Mayor		District Gahanna				
City Gahanna				State OH		Zip Code 43230				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M 1 0 D 6 0 Y 7				

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$1,482.64
2. Total monetary contributions (From Form No. 31-A)	\$	\$7,595.76
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$9,078.40
5. Total monetary expenditures (From Form No. 31-B)	\$	\$7,888.08
6. Balance on hand (line 4 minus line 5)	\$	\$1,190.32
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Gregory C. Trout

Gregory Trout

12/11/07

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 2

Other pages 6

Total pages 9

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committe							
Full Name of Contributor Rebecca W. Stinchcomb					Registration Number, if PAC		
Street Address 1012 Cloverly Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Loans	
City Gahanna		State OH	Zip Code 43230	M 1	D 0	Y 07	Amount \$970.38
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					

* 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)]

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Re-Elect Becky Stinchcomb for Mayor Committe									
To Whom Paid						M	D	Y	Amount
Rebecca W. Stinchcomb						0	7	2 8 0 7	\$133.44
Address			Purpose						
1012 Cloverly Dr.			Photography						
City		State	Zip Code	Check Number					
Gahanna		OH	43230	1036					
To Whom Paid						M	D	Y	Amount
Rebecca W. Stinchcomb						0	7	2 8 0 7	\$49.95
Address			Purpose						
1012 Cloverly Dr.			Website Fee						
City		State	Zip Code	Check Number					
Gahanna		OH	43230	1033					
To Whom Paid						M	D	Y	Amount
Rebecca W. Stinchcomb						0	7	2 8 0 7	\$49.95
Address			Purpose						
1012 Cloverly Dr.			Website Fee						
City		State	Zip Code	Check Number					
Gahanna		OH	43230	1035					
To Whom Paid						M	D	Y	Amount
Rebecca W. Stinchcomb						0	7	2 8 0 7	\$49.95
Address			Purpose						
1012 Cloverly Dr.			Website Fee						
City		State	Zip Code	Check Number					
Gahanna		OH	43230	1037					
To Whom Paid						M	D	Y	Amount
Rebecca W. Stinchcomb						0	7	2 8 0 7	\$49.95
Address			Purpose						
1012 Cloverly Dr.			Website Fee						
City		State	Zip Code	Check Number					
Gahanna		OH	43230	1038					
To Whom Paid						M	D	Y	Amount
Rebecca W. Stinchcomb						0	8	2 2 0 7	\$41.00
Address			Purpose						
1012 Cloverly Dr.			Postage						
City		State	Zip Code	Check Number					
Gahanna		OH	43230	1039					
To Whom Paid						M	D	Y	Amount
Rebecca W. Stinchcomb						0	9	1 5 0 7	\$49.95
Address			Purpose						
1012 Cloverly Dr.			Website Fee						
City		State	Zip Code	Check Number					
Gahanna		OH	43230	1046					
To Whom Paid						M	D	Y	Amount
Rebecca W. Stinchcomb						0	9	1 5 0 7	\$49.95
Address			Purpose						
1012 Cloverly Dr.			Website Fee						
City		State	Zip Code	Check Number					
Gahanna		OH	43230	1047					