

FOR PAPER FILING ONLY

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Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

07 OCT 23 AM 11:55

Full Name of Committee Re-Elect Becky Stinchcomb for Mayor Committee		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
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"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Post-General	<input type="checkbox"/> Termination
	<input type="checkbox"/> Semiannual	Date of Election 1^M 1 0^D 6 0^Y 7	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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)	\$	\$6,625.38
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$8,108.02
5. Total monetary expenditures (From Form No. 31-B)	\$	\$6,584.46
6. Balance on hand (line 4 minus line 5)	\$	\$1523.56
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 TROUT, TREAS.
Print Name and Title (Treasurer and Deputy Treasurer only)

GREGORY Trout
Signature

10/23/07
00/00/0000
Date

Contribution pages **4**

Expenditure pages **4+4**

Other pages **2**

Total pages **15**

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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 Committee						
Full Name of Contributor Dana G. Rinehart				Registration Number, if PAC		
Street Address 300 E. Broad St., Ste. 190		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 1707	Amount \$100.00
Full Name of Contributor Donald Gorman				Registration Number, if PAC		
Street Address 319 Morgan Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 2007	Amount \$100.00
Full Name of Contributor Robert J. Weiler				Registration Number, if PAC		
Street Address 41 S. High St., Ste. 1010		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 1707	Amount \$100.00
Full Name of Contributor Gregory B. Comfort				Registration Number, if PAC		
Street Address 2275 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Combus	State OH	Zip Code 43221	M 0	D 8	Y 1907	Amount \$100.00
Full Name of Contributor John Bain				Registration Number, if PAC		
Street Address 2501 Sandover		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 1807	Amount \$100.00
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 8	Y 2307	Amount \$250.00
Full Name of Contributor Al Sampson				Registration Number, if PAC		
Street Address 5797 Country House Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 0	D 8	Y 2207	Amount \$200.00
Full Name of Contributor Sema Muharrem				Registration Number, if PAC		
Street Address 4706 Sibel Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 8	Y 2207	Amount \$150.00

* 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)]

