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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Mayte				
Mark Weaver	Employer, O	ccupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of	f Item or Service		
PO Box 56		Mailing List .	M D Y Fair Market Value	
City	State	Zip Code	1 0 0 8 1 3 119.2	
Granville	O H		Received at Fundraising Event?	
Full Name of Contributor		1 43023 cupation, Labor Organization *	Registration Number, if PAC	
Street Address			, , , , , , , , , , , , , , , , , , , ,	
	Description of	Item or Service	M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occ	cupation, Labor Organization *	Registration Number, if PAC	
Street Address				
	Description of	Item or Service	M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	
Full Name of Contributor	Employer Occ		TYES DIO	
Stroot Add	<u></u>	upation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of	Item or Service	M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	
E-II V			TYPS TWO	
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of I	tem or Service		
<u> </u>		or 661 1166	M D Y Fair Market Value	
City	State	Zip Code	Descind of First 1	
		is code	Received at Fundraising Event? YES NO	
full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC	
] , , , , , , ,	parion, savor organization	Registration Number, if PAC	
Street Address	Description of It	em or Service	M D V Fair Market Value	
			M D Y Fair Market Value	
City	State	Zip Code	Desired a F. J. i. i. i. i. i.	
		o.p. codo	Received at Fundraising Event? YES YO	
ull Name of Contributor	Employer, Occur	pation, Labor Organization *		
			Registration Number, if PAC	
treet Address	Description of Ite	em or Service	M D Y Fair Market Value	
			M D Y Fair Market Value	
ity	State	Zip Code	Proping of Fundamental	
	1	p	Received at Fundraising Event? YES WO	
ıll Name of Contributor	Employer, Occup	ation, Labor Organization *	Negistration Number, if PAC	
reet Address	Description of Ite	m or Service	M D Y Fair Market Value	
у	State	7in Cada		
	State	Zip Code	Received at Fundraising Event?	
			TYPS NO	

^{*} 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 appear. [R.C. 3517.10(B)(4)]