

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Mayton									
Full Name of Contributor R. Gregory Browning						Registration Number, if PAC			
Street Address 686 Hartford ST			Employer/Occupation/Labor Organization* Capital Partners				Form (Cash, Check, etc.) Check		
City Worthington			State OH		Zip Code 43085		M 0		D 9
							Y 2		Amount 150.00
Full Name of Contributor Martin D. Susec						Registration Number, if PAC			
Street Address 3211 Tollcross DR			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Hilliard			State OH		Zip Code 43026		M 0		D 9
							Y 2		Amount 200.00
Full Name of Contributor James S. Olsen						Registration Number, if PAC			
Street Address 1548 NW Catawba Road; Unit B			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Port Clinton			State OH		Zip Code 43452		M 0		D 9
							Y 2		Amount 150.00
Full Name of Contributor Bradley Barbin						Registration Number, if PAC			
Street Address 52 W. Whittier Street			Employer/Occupation/Labor Organization* Barbin Law				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43206		M 1		D 0
							Y 0		Amount 200.00
Full Name of Contributor Lori R. Weaver						Registration Number, if PAC			
Street Address PO Box 56			Employer/Occupation/Labor Organization* Communications Counsel				Form (Cash, Check, etc.) Check		
City Granville			State OH		Zip Code 43023		M 1		D 0
							Y 0		Amount 150.00
Full Name of Contributor Richard Cline						Registration Number, if PAC			
Street Address 580 S. High Street; Suite 200			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43215		M 1		D 0
							Y 1		Amount 200.00
Full Name of Contributor Craig Mayton						Registration Number, if PAC			
Street Address 6851 Worthington Galena Road			Employer/Occupation/Labor Organization* attorney				Form (Cash, Check, etc.) Check		
City Worthington			State OH		Zip Code 43085		M 0		D 8
							Y 3		Amount 300.00
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

* 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)]