31-A				
R.C.	351	7.	10	

Page	 	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	·					
Committee to Elect Mayton						
Full Name of Contributor			Registr	ation Nun	iber, if PA	.С
Worthington Republican Women			]			
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
7662 Cloister Drive						
City	State	Zip Code	М	D	Y	Amount
Worthington	O H	43085	1   0	310	1 3	50.00
Full Name of Contributor		10000			nber, if PA	
Tera D. Myhal			1			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
4854 Brooksview Cir	2	runenz zweer engamman van				Tom (outli, chori, c.v.)
City	State	Zip Code	М	ΤD	I Y	Amount
		43054			1 .	
New Albany Full Name of Contributor	ОТ	45054		06		
Pull Ivame of Contributor			Registr	ation Nun	iber, if PA	iC .
	In 1 75					n 10 1 11 1
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registr	ation Nun	ber, if PA	C.
Street Address	Employer/Occu	pation/Labor Organization*		-		Form (Cash, Check, etc.)
Cíty	State	Zip Code	М	D	Y	Amount
					1 1	
Full Name of Contributor	<del> </del>	<u></u>	Registr	ation Nun	ber, if PA	.c
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
		,				
City	State	Zip Code	M	Tō	T Y	Amount
City	State	λήρ Code	144	Ιĭ	1 1	Анушк
E (I Manage Come )			n inte	<u> </u>	1 '604	
Full Name of Contributor			Registr	ation Nun	iber, if PA	
	Ta					In (a i a )
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
				1		
Full Name of Contributor			Registr	ation Nur	ber, if PA	.C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	1 1	1	1 1	1 (	1	ł
Full Name of Contributor	<u> </u>		Registr	ation Nun	ber, if PA	.C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
	1					
City	State	Zip Code	М	D	ΤY	Amount
Jon.,	Jac	John Court	1 "		1	]
				<u> </u>	1	

\* 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)]

Page Total \$	150.00	-
•		