

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)]