

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF ANDY SWEIGART							
Full Name of Contributor Michael SWEIGART					Registration Number, if PAC		
Street Address 6675 BORROR Rd		Employer/Occupation/Labor Organization* JPM chase			Form (Cash, Check, etc.) CK		
City Grove City		State Oh	Zip Code 43123	M 08	D 20	Y 11	Amount 50⁰⁰
Full Name of Contributor GARY Leasure					Registration Number, if PAC		
Street Address 4780 ST Andrews		Employer/Occupation/Labor Organization* self			Form (Cash, Check, etc.) CK		
City Grove City		State Oh	Zip Code 43123	M 08	D 28	Y 11	Amount 100⁰⁰
Full Name of Contributor SAMUEL HAMILTON					Registration Number, if PAC		
Street Address 1619 N. Fernwell Ave		Employer/Occupation/Labor Organization* STUDENT			Form (Cash, Check, etc.) CK		
City Milwaukee		State WI	Zip Code 53202	M 09	D 06	Y 11	Amount 50⁰⁰
Full Name of Contributor GEORGE Litchfield Jr					Registration Number, if PAC		
Street Address 4189 Arbutis		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) CK		
City Grove City		State Oh	Zip Code 43123	M 09	D 16	Y 11	Amount 100⁰⁰
Full Name of Contributor Ronny TROILETT					Registration Number, if PAC		
Street Address 2613 Breathstone Ct		Employer/Occupation/Labor Organization* Honda			Form (Cash, Check, etc.) CK		
City Powell		State Oh	Zip Code 43065	M 09	D 16	Y 11	Amount 50⁰⁰
Full Name of Contributor Chris Camp					Registration Number, if PAC		
Street Address 2648 Hoover Rd		Employer/Occupation/Labor Organization* Hilliard School			Form (Cash, Check, etc.) CASH		
City Grove City		State Oh	Zip Code 43123	M 09	D 16	Y 11	Amount 20⁰⁰
Full Name of Contributor Aaron MARION					Registration Number, if PAC		
Street Address 4980 BEATTY Rd		Employer/Occupation/Labor Organization* Mechanic			Form (Cash, Check, etc.) CASH		
City Grove City		State Oh	Zip Code 43123	M 09	D 16	Y 11	Amount 150⁰⁰
Full Name of Contributor Douglas Wallace					Registration Number, if PAC		
Street Address 5952 Grant Run PL		Employer/Occupation/Labor Organization* Physician			Form (Cash, Check, etc.) CK		
City Grove City		State Oh	Zip Code 43123	M 09	D 16	Y 11	Amount 50⁰⁰

* 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)]