

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page 1

Name of Committee in Full Friends of Andy Sweigart							
Full Name of Contributor Stephen Foreman						Registration Number, if PAC	
Street Address 7001 Co Rd 1			Employer/Occupation/Labor Organization* Honda			Form (Cash, Check, etc.) CK	
City West Liberty		State Oh		Zip Code 43357		M D Y Amount 10 28 11 50⁰⁰	
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	
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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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **50⁰⁰**