

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of Andy Sweigart			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Amanda FORD	State of Ohio	—	
Street Address	Description of Item or Service	M	D Y Fair Market Value
4170 PATZER	Web Site Development	09	01 11 500 ⁰⁰
City	State Zip Code	Received at Fundraising Event?	
Grove City	Oh 43123	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Michael Sweigart	Chase BK	—	
Street Address	Description of Item or Service	M	D Y Fair Market Value
6675 BORROR Rd	POSTAGE + MAILING	10	05 11 400 ⁰⁰
City	State Zip Code	Received at Fundraising Event?	
Grove City	Oh 43123	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
THERESA SWEIGART	Medical office	—	
Street Address	Description of Item or Service	M	D Y Fair Market Value
6675 BORROR Rd	Food for Meeting	09	11 11 103 ⁰⁰
City	State Zip Code	Received at Fundraising Event?	
Grove City	Oh 43123	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Andy Sweigart	Honda	—	
Street Address	Description of Item or Service	M	D Y Fair Market Value
6000 BORROR Rd	T SHIRTS	09	16 11 106 ⁷⁵
City	State Zip Code	Received at Fundraising Event?	
Grove City	Oh 43123	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Andy Sweigart	Honda	—	
Street Address	Description of Item or Service	M	D Y Fair Market Value
6000 BORROR Rd	CARLY	09	06 11 306 ⁰⁰
City	State Zip Code	Received at Fundraising Event?	
Grove City	Oh 43123	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
		—	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
		—	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
		—	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]