

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS of Andy Sweigart</b>							
Full Name of Contributor <b>GARY Leasure</b>						Registration Number, if PAC	
Street Address <b>4780 St Andrews</b>			Employer/Occupation/Labor Organization* <b>Ace Truck</b>			Form (Cash, Check, etc.) <b>CK</b>	
City <b>Grove City</b>		State <b>Oh</b>	Zip Code <b>43123</b>		M <b>09</b>	D <b>17</b>	Y <b>11</b>
						Amount <b>30<sup>00</sup></b>	
Full Name of Contributor <b>David Rosa</b>						Registration Number, if PAC	
Street Address <b>2407 MARTHAS Woods</b>			Employer/Occupation/Labor Organization* <b>NATIONwide</b>			Form (Cash, Check, etc.) <b>CK</b>	
City <b>Grove City</b>		State <b>Oh</b>	Zip Code <b>43123</b>		M <b>09</b>	D <b>17</b>	Y <b>11</b>
						Amount <b>50<sup>00</sup></b>	
Full Name of Contributor <b>Randall Freeman</b>						Registration Number, if PAC	
Street Address <b>4950 Haughn Rd</b>			Employer/Occupation/Labor Organization* <b>AEP</b>			Form (Cash, Check, etc.) <b>CK</b>	
City <b>Grove City</b>		State <b>Oh</b>	Zip Code <b>43123</b>		M <b>09</b>	D <b>17</b>	Y <b>11</b>
						Amount <b>30<sup>00</sup></b>	
Full Name of Contributor <b>Steven Bennett</b>						Registration Number, if PAC	
Street Address <b>1806 Hawthorne Pkwy</b>			Employer/Occupation/Labor Organization* <b>Insurance Agent</b>			Form (Cash, Check, etc.) <b>CK</b>	
City <b>Grove City</b>		State <b>Oh</b>	Zip Code <b>43123</b>		M <b>09</b>	D <b>17</b>	Y <b>11</b>
						Amount <b>50<sup>00</sup></b>	
Full Name of Contributor <b>NATE Whitt</b>						Registration Number, if PAC	
Street Address <b>6058 Winnebago</b>			Employer/Occupation/Labor Organization* <b>TRANE</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Grove City</b>		State <b>Oh</b>	Zip Code <b>43123</b>		M <b>09</b>	D <b>17</b>	Y <b>11</b>
						Amount <b>30<sup>00</sup></b>	
Full Name of Contributor <b>Jenny Whitt</b>						Registration Number, if PAC	
Street Address <b>6058 Winnebago</b>			Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Grove City</b>		State <b>Oh</b>	Zip Code <b>43123</b>		M <b>09</b>	D <b>17</b>	Y <b>11</b>
						Amount <b>45<sup>00</sup></b>	
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	
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 also appear. [R.C. 3517.10(B)(4)]