

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page 2

Name of Committee in Full FRIENDS of Andy Sweigart							
Full Name of Contributor CW WALLACE						Registration Number, if PAC	
Street Address 5782 Ravine Crk Dr		Employer/Occupation/Labor Organization* Arbys				Form (Cash, Check, etc.) CK	
City Grove City	State OH	Zip Code 43123	M 09	D 15	Y 11	Amount 30.00	
Full Name of Contributor Richard Waller						Registration Number, if PAC	
Street Address 1934 Zuber Rd		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.)	
City Grove City	State OH	Zip Code 43123	M 09	D 15	Y 11	Amount 100.00	
Full Name of Contributor Ben Sawyer						Registration Number, if PAC	
Street Address 1519 Hiner Rd		Employer/Occupation/Labor Organization* State of Ohio				Form (Cash, Check, etc.) CK	
City Grove City	State OH	Zip Code 43123	M 09	D 15	Y 11	Amount 30.00	
Full Name of Contributor TERESA Dye						Registration Number, if PAC	
Street Address 6152 BORROR Rd		Employer/Occupation/Labor Organization* Homemaker Self Empl				Form (Cash, Check, etc.) CK	
City Grove City	State OH	Zip Code 43123	M 09	D 15	Y 11	Amount 50.00	
Full Name of Contributor STEWART Gibboney III						Registration Number, if PAC	
Street Address 3091 Orders Rd		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) 30.00	
City Grove City	State OH	Zip Code 43123	M 09	D 15	Y 11	Amount 30.00	
Full Name of Contributor Dustin Schneider						Registration Number, if PAC	
Street Address 3243 TARREYTON Dr		Employer/Occupation/Labor Organization* TARGET				Form (Cash, Check, etc.) CK	
City Grove City	State OH	Zip Code 43123	M 09	D 15	Y 11	Amount 50.00	
Full Name of Contributor LUKE Merritt						Registration Number, if PAC	
Street Address 3115 Angela Dr		Employer/Occupation/Labor Organization* Electrician				Form (Cash, Check, etc.) CK	
City Grove City	State OH	Zip Code 43123	M 09	D 15	Y 11	Amount 30.00	
Full Name of Contributor NICHOLAS WALLACE						Registration Number, if PAC	
Street Address 3603 Zuber Rd		Employer/Occupation/Labor Organization* State of Ohio				Form (Cash, Check, etc.) CK	
City Orient	State OH	Zip Code 43146	M 09	D 16	Y 11	Amount 30.00	

* 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 \$ **350.00**