In-Kind Contributions Received

Page	L

Prescribed by Secretary of State 03/05

Name of Committee in Full							
FRIENDS OF AND SWEIGART Full Name of Contributor Employer, Occupation, Labor Organization Registration Number, if PAC							
				Registration Number, if PAC			
Debra WhiTT	Chase Bank Description of Item or Service						
			М.	ر ا ا	Fair Market Value		
6058 Winnebego lar	State Zip Code U 3 1 2 3						
Street Address 6058 Winnebego lar City Full Name of Contributor	State Zip Code		Received at Fundraising Event?				
Grove City	017 93123		☐ YES				
	Employer, Occupation, Labor Organization*		Registrat	ion Numl	ber, ff PAC		
JERRY + /Angela Whitt	Sclf Ewp L Description of Item or Service		N/	<u> </u>	Y Fair Market Value		
TERRY+Angela Whitt Street Address 15930 STATE ROUTE 207	VA	1 02511 14000					
City 5 174/E 1-0012 25 1	Mail:	Received at Fundraising Event?					
MT STERLING	014 43143		□ YES • • NO				
Full Name of Contributor	Employer, Occupat	Registration Number, if PAC					
Aby Sweigart	Tracher Description of Item or Service						
Street Address			M D Y Fair Market Value				
6000 BORROR Kd	Promo 17	MO3 QV 1 Fair Market Value 985-					
Full Name of Contributor Aby Sweigart Street Address 6000 BORROR Rd City City City CTOVE CITY	O 1	mal Marcrial Zip Code 43123	Received at Fundraising Event? YES NO				
Full Name of Contributor		ion, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Item or Service		M D Y Fair Market Value				
Cin.	Sta te Zip Code		Received at Fundraising Event?				
City	Sia te Zip code						
Full Name of Contributor	Employer, Occupation, Labor Organization*		☐ YES ☐ NO Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y Fair Market Value		
	Si- i-	[2:- C-1.	Danaius,	l at Guardi	raining Event?		
City	Sta te Zip Code		Received at Fundraising Event?				
Fuli Name of Contributor	Employer, Occupation, Labor Organization*		☐ YES ☐ NO Registration Number, if PAC				
Tun Name of Controllor					1		
Street Address	Description of Item	Description of Item or Service		D	Y Fair Market Value		
	_						
City	Sta te	Zip Code	Received	l at Fund	aising Event?		
			☐ YES		□ NO		
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registra	ion Num	ber, if PAC		
Street Address	Description of Item or Service		M	D	Y Fair Market Value		
City	State Zip Code		Received at Fundraising Event?				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
A Trans of Conditions	Lampleyer, Occupation, Labor Organization						
Street Address	Description of Item	or Service	М	D	Y Fair Market Value		
City	Sta te	Zip Code			raising Event?		
			☐ YE	S	□ ио		

* 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)]

Page Total \$ 1425