

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	
Debra Whitt	Chase Bank		
Street Address	Description of Item or Service	M	D Y Fair Market Value
6058 Winnebago Dr	Hospitality	1	02811 300 ⁰⁰
City	State Zip Code	Received at Fundraising Event?	
Grove City	014 43123	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
TERRY + Angela Whitt	Self Empl		
Street Address	Description of Item or Service	M	D Y Fair Market Value
15930 STATE Route 207	Mailing + POSTAGE	1	02511 140 ⁰⁰
City	State Zip Code	Received at Fundraising Event?	
MT STERLING	014 43143	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Aby Sweigart	Teacher		
Street Address	Description of Item or Service	M	D Y Fair Market Value
6000 BORROR Rd	Promotional Material	1	03011 985 ⁰⁰
City	State Zip Code	Received at Fundraising Event?	
Grove City	014 43123	<input type="checkbox"/> YES <input checked="" 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	
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)]