



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Brett Luzader				
Full Name of Contributor Saundra McGrath			Registration Number, if PAC	
Street Address 1358 Rosehill Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/28/2019	Amount \$100.00
Full Name of Contributor Betty Luzader			Registration Number, if PAC	
Street Address 3931 Abbie Cove Dr. W.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 09/02/2019	Amount \$50.00
Full Name of Contributor William Caldwell			Registration Number, if PAC	
Street Address 7419 Lebanon Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/11/2019	Amount \$25.00
Full Name of Contributor Karen McPherson			Registration Number, if PAC	
Street Address 7595 Palmer Rd. SW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/15/2019	Amount \$50.00
Full Name of Contributor William Hills			Registration Number, if PAC	
Street Address 8175 Priestley Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/16/2019	Amount \$100.00

*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)]