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## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

| Name of Committee in Full Friends of Brett Luzader   |  |  |
|--|--|--|
| Full Name of Contributor Brett Luzader   | Employer, Occupation, Labor Organization*  | Registration Number, if PAC  |
| Street Address   | Description of Item or Service   | M D Y Fair Market Value  |
| 1116 Gibson Rd   | Business cards for 4th of july parade  | 0 6 0 7 1 5 \$52.72  |
| <sup>City</sup><br>Reynoldsburg  | Stal te   Zip Code   | Received at Fundraising Event?  O YES  O NO  |
| Full Name of Contributor   | Employer, Occupation, Labor Organization*  | Registration Number, if PAC  |
| Brett Luzader  |  |  |
| Street Address   | Description of Item or Service   | M D Y Fair Market Value  |
| 1116 Gibson Rd   | candy for 4th of july parade   | 0 6 2 4 1 5 \$164.70   |
| City   | State Zip Code OH 43068  | Received at Fundraising Event?   |
| Reynoldsburg   | - 10000  | O YES O 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?   |
|  | ОН   | O YES O 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   | Staj te Zip Code<br>OH   | Received at Fundraising Event?  OYES  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  |
| ·  |  | M D Y Fair Market Value  Received at Fundraising Event?  |
| Street Address   | Description of Item or Service State Zip Code  | M D Y Fair Market Value  |
| Street Address City  | Description of Item or Service  Stal te Zip Code  OH   | M D Y Fair Market Value  Received at Fundraising Event?  OYES ONO  |
| Street Address  City  Full Name of Contributor   | Description of Item or Service  State Zip Code OH  Employer, Occupation, Labor Organization*   | Received at Fundraising Event?  O YES  O NO  Registration Number, if PAC   |
| Street Address  City  Full Name of Contributor  Street Address   | Description of Item or Service  Stal te  | Received at Fundraising Event?  O YES  NO  Registration Number, if PAC  M  D  Y  Fair Market Value  Received at Fundraising Event?   |
| Street Address  City  Full Name of Contributor  Street Address  City   | Description of Item or Service  State  | Received at Fundraising Event?  O YES  NO  Registration Number, if PAC  M D Y Fair Market Value  Received at Fundraising Event?  O YES  O NO   |
| City  Full Name of Contributor  Street Address  City  Full Name of Contributor                                       | Description of Item or Service  State  | Received at Fundraising Event?  OYES  NO Registration Number, if PAC  Received at Fundraising Event?  OYES  NO Registration Number, if PAC   |
| Street Address  City  Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address       | Description of Item or Service  Stal te OH  Employer, Occupation, Labor Organization*  Description of Item or Service  Stal te OH  Employer, Occupation, Labor Organization*  Description of Item or Service  Stal te Zip Code  OH  Description of Item or Service | Received at Fundraising Event?  O YES O NO Registration Number, if PAC  M D Y Fair Market Value  Received at Fundraising Event? O YES O NO Registration Number, if PAC   |
| Street Address  City  Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address  City | Description of Item or Service  State  | Received at Fundraising Event?  O YES O NO Registration Number, if PAC  M D Y Fair Market Value  Received at Fundraising Event? O YES O NO Registration Number, if PAC  M D Y Fair Market Value  Received at Fundraising Event? O YES O NO  Received at Fundraising Event? |

<sup>\*</sup> 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)]