Statement of Contributions Received

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Prescribed by Secretary of State 63/05

Name of Committee in Full Friends of Brett Luzader				'				
Full Name of Contributor			Registration Number, if F	AC				
Connie S. Turner								
Street Address 1132 Gibson Rd.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
^{City} Reynoldsburg	State OH	Zip Code 43068	M D Y 0 2 2 6 1 5	Amount \$200.00				
Full Name of Contributor Registration Number, if PAC Robert L. McPherson								
Street Address 7595 Palmer Rd.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
^{City} Reynoldsburg	State OH	Zip Code 43068	0 3 2 8 1 5	Amount \$50.00				
Full Name of Contributor Registration Number, if PAC Betty W. Luzader								
Street Address 1070 Lockville Rd.	Employer/Occupation/Lubor Organization*			Form (Cash, Check, etc.)				
City Pickerington	State OH	Zip Code 43147	0 4 0 1 1 5	Amount \$50.00				
Full Name of Contributor William L. Hills		AC						
Street Address 8175 Priestley Dr	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Reynoldsburg	State OH	7. Zip Code 43068	0 4 0 0 1 5	Amount \$250.00				
Full Name of Contributor Registration Number, if PAC Pamela L. Tuttle								
Street Address 1117 Eckard Rd.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check				
^{City} Centerburg	OH,	Zip Code 43011	0 4 0 7 1 5	Amount \$100.00				
Full Name of Contributor Elena D. Fisk Registration Number, if PAC								
Street Address 1182 Dusk Ct	Employer/Occup		Form (Cash, Check, etc.) Check					
^{City} Reynoldsburg	State OH	Zip Code 43068	0 4 1 2 1 5	Amount \$50.00				
Full Name of Contributor Maryann Yahnke	ke			Registration Number, if PAC				
Street Address 620 Theron Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Pckerington	State OH	Zip Code 43147	0 4 1 0 1 5	Amount \$100.00				
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)				
City	State OH	Zip Code	M. D. Y	Amount				

Page Total \$800.00

^{*} 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)]