



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Brett Luzader				
Full Name of Contributor Pamela Tuttle			Registration Number, if PAC	
Street Address 1117 Eckard Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Centerburg	State OH	Zip Code 43011	Date (MM/DD/YYYY) 10/01/2019	Amount \$100.00
Full Name of Contributor Sarah Canella			Registration Number, if PAC	
Street Address 7420 White Butterfly Ln.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/01/2019	Amount \$25.00
Full Name of Contributor Gary Knapp			Registration Number, if PAC	
Street Address 1741 Graham Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/10/2019	Amount \$50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]