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In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full				· · · · · · · · · · · · · · · · · · ·	
Friends of Brett Luzader					
Full Name of Contributor Brett Luzader	Employer, Occupation, Labo	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service	e	M D 0 3 1 9	Y Fair Market Value	
1116 Gibson Rd.	Business Cards	Business Cards		1 5 \$24.72	
City	State Zip Cod		Received at Fur	ndraising Event?	
Reynoldsburg	OH 4306		IQ YES	O NO	
Full Name of Contributor	Employer, Occupation, Labo	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service	Description of Item or Service		Y Fair Market Value	
City	State Zip Cod	e	Received at Fur	ndraising Event?	
Full Name of Contributor	Employer, Occupation, Labo	r Organization*	Registration Nu	NO NO	
A MI NOME OF COMMING	Employ of, Georgia Control	гирюуст, оссиранов, гавы отдания		(Neg. state)	
Street Address	Description of Item or Service	e	M. D	Y Fair Market Value	
City	Stafte Zip Cod	e	Received at Fur	ndraising Event?	
Full Name of Contributor	Employer, Occupation, Labo	or Organization*	Registration Nu		
Street Address	Description of Item or Service	ce	M D	Y Fair Market Value	
City	State Zip Cod	le	Received at Fur	ndraising Event?	
Full Name of Contributor	Employer, Occupation, Labor	Employer, Occupation, Labor Organization		Registration Number, if PAC	
Street Address	Description of Item or Service	Description of Item or Service		Y Fair Market Value	
City	State Zip Cod	e	Received at Fur	ndraising Event?	
	OH _.		O YES	O NO	
Full Name of Contributor	Employer, Occupation, Labo	or Organization*			
Street Address	Description of Item or Service	ee	M D	Y Fair Market Value	
City	State Zip Cool	le	Received at Fur	ndraising Event?	
Full Name of Contributor	Employer, Occupation, Labo	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service	Description of Item or Service		Y Fair Market Value	
City	Starte Zip Cod	le	Received at Fur	ndraising Event?	
Full Name of Contributor	Employer, Occupation, Labo	or Organization*	Registration Nu		
Street Address	Description of Item or Service	ee	M D	Y: Fair Market Value	
City	State Zip Cod	le	Received at Fur	ndraising Event?	

Page Total \$24.72

^{*} 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)]