

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Brett Luzader												
Full Name of Contributor Jeffrey Wayne Gordon						Registration Number, if PAC						
Street Address 12132 Sount Pine Dr. Apt. 242			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Sharonville		State OH <input checked="" type="checkbox"/>		Zip Code 45241		M 0		D 7		Y 0715		Amount \$200.00
Full Name of Contributor Kevin Luzader						Registration Number, if PAC						
Street Address 6540 Olde Mill Run			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash						
City Reynoldsburg		State OH <input checked="" type="checkbox"/>		Zip Code 43068		M 0		D 8		Y 2515		Amount \$40.00
Full Name of Contributor Shari Leis						Registration Number, if PAC						
Street Address 506 E. Hamtramck			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Mt. Vernon		State OH <input checked="" type="checkbox"/>		Zip Code 43050		M 0		D 9		Y 0115		Amount \$100.00
Full Name of Contributor Connie S. Turner						Registration Number, if PAC						
Street Address 1132 Gibson Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Reynoldsburg		State OH <input checked="" type="checkbox"/>		Zip Code 43068		M 0		D 9		Y 1015		Amount \$100.00
Full Name of Contributor Marshall Spalding						Registration Number, if PAC						
Street Address 1940 Glenfong Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash						
City Reynoldsburg		State OH <input checked="" type="checkbox"/>		Zip Code 43068		M 0		D 9		Y 1115		Amount \$100.00
Full Name of Contributor Betty Luzader						Registration Number, if PAC						
Street Address 1070 Lockville Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Pickerington		State OH <input checked="" type="checkbox"/>		Zip Code 43147		M 0		D 9		Y 1315		Amount \$100.00
Full Name of Contributor Mary Hudson						Registration Number, if PAC						
Street Address 1080 Tiffany Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Reynoldsburg		State OH <input checked="" type="checkbox"/>		Zip Code 43068		M 0		D 9		Y 1415		Amount \$50.00
Full Name of Contributor Ron Lautzenheiser						Registration Number, if PAC						
Street Address 6553			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Red Fox Rd.		State OH <input checked="" type="checkbox"/>		Zip Code 43068		M 0		D 9		Y 1415		Amount \$25.00

* 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)]