

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Brett Luzader									
Full Name of Contributor Reynoldsburg Republican Club						Registration Number, if PAC			
Street Address 1475 Haft Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Reynoldsburg		State OH <input checked="" type="checkbox"/>		Zip Code 43068		M 1		D 0	
						Y 1		Amount \$500.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH <input checked="" type="checkbox"/>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH <input checked="" type="checkbox"/>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH <input checked="" type="checkbox"/>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH <input checked="" type="checkbox"/>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH <input checked="" type="checkbox"/>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
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City		State OH <input checked="" type="checkbox"/>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH <input checked="" type="checkbox"/>		Zip Code		M		D	
						Y		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)]

Page Total **\$500.00**