



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Brett Luzader				
Full Name of Contributor Reynoldsburg Republican Club			Registration Number, if PAC	
Street Address 1675 Haft Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/23/2019	Amount \$500.00
Full Name of Contributor Connie Turner			Registration Number, if PAC	
Street Address 7232 Gibson Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/24/2019	Amount \$50.00
Full Name of Contributor Raymond Luzader Jr.			Registration Number, if PAC	
Street Address 7848 Columbus Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Mt. Vernon	State OH	Zip Code 43050	Date (MM/DD/YYYY) 09/25/2019	Amount \$100.00
Full Name of Contributor Shari Leis			Registration Number, if PAC	
Street Address 506 E. Hamtramck St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Mt Vernon	State OH	Zip Code 43050	Date (MM/DD/YYYY) 09/25/2019	Amount \$100.00
Full Name of Contributor Rose Watterson			Registration Number, if PAC	
Street Address 1579 Marabar Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/27/2019	Amount \$100.00

*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)]