



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Friends of Brett Luzader				
Full Name of Contributor			Registration Number, if PAC	
Mary Hudson				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
8152 Hillingdon Dr.				Check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Powell	OH <input type="checkbox"/>	43065	10/18/2019	\$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
	<input type="checkbox"/>			
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
	<input type="checkbox"/>			
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
	<input type="checkbox"/>			
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
	<input type="checkbox"/>			

*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 \$50.00