Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		
Friends of Brett Luzader			
Full Name Brett Luzader			Registration Number, if PAC
Address 1116 Gibson Rd.	Type*		0 2 2 6 1 5 \$1,250.00
City Re ynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zîp Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, cte.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	Stuje OH	Zip Code	Form (Cash, Check, etc.)
Full Name		<u> </u>	Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash. Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

1,250.00

Page Total \$

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.