

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Brennan for Mayor				
Full Name of Contributor Paula Spillman			Registration Number, if PAC	
Street Address 221 S. Cassady Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lesli C. Mautz			Registration Number, if PAC	
Street Address 79 S. Dawson Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William Johnston			Registration Number, if PAC	
Street Address 12580 Graham Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Orient	State OH	Zip Code 43146	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lisa Keder			Registration Number, if PAC	
Street Address 74 S. Stanwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeff Alan Edelstein			Registration Number, if PAC	
Street Address 2434 Fair Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$20.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Dachner			Registration Number, if PAC	
Street Address 2369 E. Main St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$20.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Malcolm Porter			Registration Number, if PAC	
Street Address 2436 Brentwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check				

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$190.00**