| Event Dat | e_9/9/09 |
|-----------|----------|
| Page 4 | |

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 | | | Registration Number, if PAC | | |
| I. Howard Schottenstein | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount | | |
| 2392 E. Main St. | | anny and a second secon | 0 9 0 9 0 9 \$20.00 | | |
| City | Stal te OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | | |
| Bexley Full Name of Contributor | UΠ | 13203 | Registration Number, if PAC | | |
| John Millard | | | Nogistiation runnou, II 170 | | |
| Street Address | Employer/Occups | tion/Labor Organization* | M D Y Amount | | |
| 104 S. Stanwood Rd. | Employen Occupa | Dioor Organization | 0 9 0 9 0 9 \$20.00 | | |
| City | Sta te | Zip Code | Form (Cash, Check, etc.) | | |
| Bexley | OH | 43209 | Check | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| The Yard Barbers | .,,, | | | | |
| Street Address | Employer/Occupa | ntion/Labor Organization* | M D Y Amount | | |
| 2814 Delmar Dr. | 6: | 7:-0.1. | 0 9 0 9 0 9 \$60.00 | | |
| City | Stal te OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | | |
| Bexley Full Name of Contributor | UΠ | 70200 | Registration Number, if PAC | | |
| H. Glen Beebe | | | regionation rannos, in 1760 | | |
| Street Address | Employer/Occupa | ntion/Labor Organization* | M D Y Amount | | |
| 2524 Sherwood Rd. | Employer/Occupa | mon and organismion | 0 9 0 9 0 9 \$25.00 | | |
| City | Sta te | Zip Code | Form (Cash, Check, etc.) | | |
| Columbus | OH | 43209 | Check | | |
| Full Name of Contributor Maureen Grady | | | Registration Number, if PAC | | |
| Street Address 369 S. Roosevelt | Employer/Occupa | ation/Labor Organization* | 0 9 0 9 0 9 Amount \$50.00 | | |
| City | Sta te | Zip Code | Form (Cash, Check, etc.) | | |
| Columbus | OH | 43209 | Check | | |
| Full Name of Contributor Sheila Chodosh | | | Registration Number, if PAC | | |
| Street Address 311 S. Parkview Ave. | Employer/Occupa | ation/Labor Organization* | 0 9 0 9 0 9 Amount \$100.00 | | |
| City Bexley | Sta te OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | | |
| Full Name of Contributor Edward Straub | | | Registration Number, if PAC | | |
| Street Address 176 S. Stanwood Rd. | Employer/Occupa | ation/Labor Organization* | 0 9 0 9 0 9 Amount \$100.00 | | |
| City Bexley | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | | |
| - / | | | | | |

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 | Total expenditures this event. | res this event. | | |
|--------------------------------|--------------------------------|-----------------|----------|--|
| \$0.00 | \$0.00 | Page Total \$ | \$375.00 | |

^{*} 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)]