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

Event Date 9/7/10	
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<u> </u>	<u> </u>	-	
Name of Committee in Full Propping for Mayor			
Brennan for Mayor			Registration Number, if PAC
Full Name of Contributor Patricia A. Polito			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
387 Shyanne Dr.			0 9 0 7 1 0 \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	Check
Full Name of Contributor			Registration Number, if PAC
David A. Dachner			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
2369 E. Main St.			0 9 0 7 1 0 \$40.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Laurence G. Ruben			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
140 S. Columbia Ave.		I.e.	0 9 0 7 1 0 \$40.00
City	Staj te	Zip Code	Form (Cash, Check, etc.)
Bexley	OH_	43209	Check
Full Name of Contributor		<u> </u>	Registration Number, if PAC
Barbara K. Brandt			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2333 Brentwood Rd.			0 9 0 7 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check Sharphan (SPAC)
Full Name of Contributor Roger Carroll	· ———		Registration Number, if PAC
Street Address 442 N. Drexel Ave.	Employer/Occupation/Labor Organization*		0 9 0 7 1 0 Amount \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor Kenneth Yee			Registration Number, if PAC
Street Address 407 Westland Ave.	Employer/Occupation/Labor Organization*		0 9 0 7 1 0 Amount \$25.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH Sia te	43209	Check
Full Name of Contributor Barry Adelman			Registration Number, if PAC
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount 0 9 0 7 1 0 \$25.00
2542 Fair Ave.			
40%		7:- 0-1-	Form (Cash, Charle ata)
City Bexley	Stal te 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.		
\$0.00	\$0.00		

Page Total \$	\$310.00
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^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, 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)]