

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 Marc A. Fishel			Registration Number, if PAC	
Street Address 2601 E. Broad St.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Charles Rauck			Registration Number, if PAC	
Street Address 217 S. Cassingham Rd.	Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Linda S. Kass			Registration Number, if PAC	
Street Address 267 N. Parkview	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Catherine L. Stone			Registration Number, if PAC	
Street Address 953 S. Cassingham Rd.	Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Richard Termuhlen II			Registration Number, if PAC	
Street Address 495 Columbia Place	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Samuel P. Bell			Registration Number, if PAC	
Street Address 668D Providence Ave.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Howard Schottenstein			Registration Number, if PAC	
Street Address 2392 E. Main St.	Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$25.00
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 \$ **\$265.00**