

## 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 Ellen G. Bowden				Registration Number, if PAC			
Street Address 355 Fairway Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1011	\$25.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael S. Hoy				Registration Number, if PAC			
Street Address 2629 Bexley Park Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1011	\$100.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert K. Peterson				Registration Number, if PAC			
Street Address 191 N. Stanwood Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1011	\$40.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Barbara Giller				Registration Number, if PAC			
Street Address 210 Stanberry Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1011	\$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Samuel Shamansky				Registration Number, if PAC			
Street Address 2590 Maryland Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1011	\$100.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Roger Carroll				Registration Number, if PAC			
Street Address 442 N. Drexel Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1011	\$40.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Scott W. Schiff				Registration Number, if PAC			
Street Address 115 W. Main St., Suite 100		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1011	\$100.00
City Columbus		State OH	Zip Code 43215	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 \$ 455.00