

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 Todd Schiff			Registration Number, if PAC	
Street Address 7191 Talanth Place	Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gerald Edwards			Registration Number, if PAC	
Street Address 1680 Andover Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Upper Arlington	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Margaret Koons			Registration Number, if PAC	
Street Address 683 Vernon Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$40.00
City Bexley	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 0 9 0 9 0 9	Amount \$200.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cash			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$290.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$3,285.00

Total expenditures this event.

\$616.39

Page Total \$

\$660.00