Event Date	9/9/09	
Page 9	-	

\$140.00

Page Total \$

## **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			Designation Number (CDAC)
Full Name of Contributor Michael Simpson			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
605 S. Front St., Suite 200	Employen Geoupe		0 9 0 9 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
David Valinsky			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
344 S. Merkle Rd.			0 9 0 9 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Joseph Myers	T		M D Y Amount
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount \$20.00
224 S. Remington Rd.	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH	43209	Check
Bexley	UN   43209		Registration Number, if PAC
Full Name of Contributor  M. Anthony Tanner			Togotham Than to the togotham the togotham to the togotham togotham to the togotham
M. Anthony Tanner Street Address	[r1/O	ation/Labor Organization*	M D Y Amount
300 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		0 9 0 9 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43209	Check
Full Name of Contributor			Registration Number, if PAC
George Wainer			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
175 S. Cassady Ave.			0 9 0 9 0 9 \$20.00
City	Stal te	Zip Code	Form (Cash, Check, etc.) Check
Bexley	OH	43209	NAME OF THE PROPERTY OF THE PR
Full Name of Contributor Kevin Seckel			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
906 S. Remington Rd.			0 9 0 9 0 9 \$20.00
City	State Ott	Zip Code	Form (Cash, Check, etc.) Check
Bexley	OH	43209	
Full Name of Contributor Brian Connor			Registration Number, if PAC
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
720 S. Roosevelt Ave.			0 9 0 9 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
	2100 to statewide and Conoral As		utor is self-employed, the occupation and the name o

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

<sup>\*</sup> 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)]