

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 Philip L. Schroeder			Registration Number, if PAC	
Street Address 3830 Braidwood Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard	State OH	Zip Code 43026	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Richard J. Murphy			Registration Number, if PAC	
Street Address 3095 Dale Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Timothy G. Madison			Registration Number, if PAC	
Street Address 2753 Sherwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William J. Pohlman			Registration Number, if PAC	
Street Address 74 S. Stanwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert P. Stone			Registration Number, if PAC	
Street Address 953 S. Cassingham Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kelley F. Elisar			Registration Number, if PAC	
Street Address 119 S. Ardmore Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Miscellaneous-Cash Contributions Received at Door			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
City OH	State OH	Zip Code	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Cash				

* 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

\$3,685.00

Total expenditures this event.

\$471.78

Page Total \$ **\$420.00**