Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Brennan for Mayor				
Full Name of Contributor Saralee and Gary Seckel			Registration Number, if PAC	
Street Address 2646 Bexley Park Rd.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$30.00
Full Name of Contributor Registration Number, if I Stuart and Christine Davis				AC
Street Address 80 N. Ardmore Rd.	Employer/Occup	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$30.00
Full Name of Contributor Alan and Linda Pressman	Registration Number, if PA			AC
Street Address 1390 Brookwood Pl.	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$30.00
Full Name of Contributor James and Jacqueline Sharpe Registration Number, if PAC				
Street Address 148 S. Remington Rd.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$30.00
Full Name of Contributor Registration Number, if F Melissa Gast				AC
Street Address 1281 Bluff Ave.	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grandview	State OH	Zip Code 43212	0 ^M 9 0 9 0 9	Amount \$30.00
Full Name of Contributor Nickolas and Deborah Geldis Registration Number, if F				AC
Street Address 2703 Sherwood Rd.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$30.00
Full Name of Contributor Registration Number, if Full Names and Debra Kebe				AC
Street Address 712 Chelsea Ave.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$30.00
Full Name of Contributor Registration Number, if F Janet Jordan				AC
Street Address 319 E. Kossuth St.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M D Y 0 9	Amount \$30.00

Page Total \$240.00

^{*} 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)]