

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 Malcolm J. Porter			Registration Number, if PAC	
Street Address 2436 Brentwood 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 Bruce R. Murray			Registration Number, if PAC	
Street Address P.O. Box 09824	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 Sheila Chodosh			Registration Number, if PAC	
Street Address 311 S. Parkview Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor G. Scott Kondracke			Registration Number, if PAC	
Street Address 2327 Boston Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Joyce Grady Bell			Registration Number, if PAC	
Street Address 666D Providence	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Maureen Harvey			Registration Number, if PAC	
Street Address 417 Westland Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Paula Spillman			Registration Number, if PAC	
Street Address 221 S. Cassady 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				

* 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 \$ **\$280.00**