

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 Molly H. Ruben				Registration Number, if PAC	
Street Address 140 S. Columbia Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley		State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Scott Schiff					
Street Address 115 W. Main St. Ste. 100		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Barry Adelman					
Street Address 2542 Fair Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley		State OH	Zip Code 43209	Y 0	Amount \$20.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Barbara Brandt					
Street Address 2333 Brentwood Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Greg Margulies					
Street Address 2617 Bexley Park Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley		State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Dr. Ronald Erkis					
Street Address 50 Ashbourne Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Richard F. Weber					
Street Address 59 S. Stanwood Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$20.00
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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ **\$480.00**