

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

|                                                       |                                         |                          |                                           |                           |
|-------------------------------------------------------|-----------------------------------------|--------------------------|-------------------------------------------|---------------------------|
| Name of Committee in Full<br><b>Brennan for Mayor</b> |                                         |                          |                                           |                           |
| Full Name of Contributor<br><b>Stephen Keyes</b>      |                                         |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>206 N. Drexel Ave.</b>           | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   0   7   1   0</b> | Amount<br><b>\$50.00</b>  |
| City<br><b>Bexley</b>                                 | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Robert Macklin</b>     |                                         |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>84 N. Stanwood Rd.</b>           | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   0   7   1   0</b> | Amount<br><b>\$40.00</b>  |
| City<br><b>Columbus</b>                               | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Saralee Seckel</b>     |                                         |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>2646 Bexley Park Road</b>        | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   0   7   1   0</b> | Amount<br><b>\$40.00</b>  |
| City<br><b>Bexley</b>                                 | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Linda Kass</b>         |                                         |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>267 N. Parkview</b>              | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   0   7   1   0</b> | Amount<br><b>\$40.00</b>  |
| City<br><b>Columbus</b>                               | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Monica Kile</b>        |                                         |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>235 N. Ardmore Rd.</b>           | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   0   7   1   0</b> | Amount<br><b>\$40.00</b>  |
| City<br><b>Columbus</b>                               | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Andrew Glassman</b>    |                                         |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>126 Drexel Ave. N.</b>           | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   0   7   1   0</b> | Amount<br><b>\$100.00</b> |
| City<br><b>Columbus</b>                               | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>John Offenberg</b>     |                                         |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>33 N. Remington Rd.</b>          | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   0   7   1   0</b> | Amount<br><b>\$40.00</b>  |
| City<br><b>Bexley</b>                                 | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |

\* 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

|               |
|---------------|
| <b>\$0.00</b> |
|---------------|

Total expenditures this event.

|               |
|---------------|
| <b>\$0.00</b> |
|---------------|

|                               |
|-------------------------------|
| Page Total \$ <b>\$350.00</b> |
|-------------------------------|