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 Murray Davis			Registration Number, if PAC	
Street Address 2154 E. Main St., Ste. 301	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$50.00
full Name of Contributor Monica and David Kile			Registration Number, if PAC	
Street Address 235 N. Ardmore Rd.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$50.00
Full Name of Contributor Lee Nathans			Registration Number, if PAC	
Street Address 55 S. Remington Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$50.00
Full Name of Contributor Kenneth and Susan Quintenz			Registration Number, if F	AC
Street Address 91 Stanbery Ave.	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	0 9 0 9 0 9	Amount \$50.00
Full Name of Contributor Jed and Joyce Morrison			Registration Number, if I	AC
Street Address 2572 Brentwood Rd.	Employer/Occu	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 Eric and Nori Duffee			Registration Number, if I	PAC
Street Address 2141 Water Crest Ln.	Employer/Occi	upation/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 Patricia and Michael Moriarty			Registration Number, if PAC	
Street Address 79 S. Remington Rd.	Employer/Occu	ipation/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 Brian and Paula Spillman			Registration Number, if I	
Street Address 221 S. Cassady Ave.	Employer/Occi	upation/Labor Organization*	** A Section Control of the Control	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M D Y O 9 0 9	Amount \$30.00

Page Total \$320.00

^{*} 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)]