

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 Jed Morrison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 0	Amount \$40.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy Greenberg			Registration Number, if PAC	
Street Address 36 S. Ardmore Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 0	Amount \$40.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael S. Hoy			Registration Number, if PAC	
Street Address 2629 Bexley Park Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 0	Amount \$50.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor I. Howard Schottenstein			Registration Number, if PAC	
Street Address 2392 E. Main St.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 0	Amount \$25.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Reg Martin			Registration Number, if PAC	
Street Address P.O. Box 351	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 0	Amount \$25.00
City Westerville	State OH	Zip Code 43086	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patricia J. Moriarty			Registration Number, if PAC	
Street Address 79 S. Remington Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 0	Amount \$40.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Margaret Koons			Registration Number, if PAC	
Street Address 683 Vernon Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 0	Amount \$40.00
City Bexley	State OH	Zip Code 43209	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 \$ **\$260.00**