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

Event Date	9/9/09	
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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Name of Committee in Full Brennan for Mayor				
Full Name of Contributor	Registration Number, if PAC			
Carl Bauer				
Street Address	Employee/Occurate	tion/Labor Organization*	M D Y	Amount
2363 Bexley Park Rd.	Employer/Occupa:	Employer/Occupation/Labor Organization*		\$30.00
City	Sta te	Zip Code	0 9 0 9 0 9 Form (Cash, Check, etc.)	
Bexley	OH	43209	Check	
Full Name of Contributor			Registration Number, if P.	AC
John Offenberg				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y	Amount
33 N. Remington Rd.	Employon Cooupa		0 9 0 9 0 9	\$30.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	Service Commence
Bexley	OH	43209	Check	
Full Name of Contributor			Registration Number, if P.	AC
Gary Seckel				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount
2646 Bexley Park Rd.	Employer occupances according to		0 9 0 9 0 9	\$30.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Bexley	OH	43209	Check	
Full Name of Contributor			Registration Number, if P	AC
Christine Davis				
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount
80 N. Ardmore Rd.			0 9 0 9 0 9	\$30.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43209	Check	
Full Name of Contributor			Registration Number, if F	PAC
Alan Pressman			M D Y	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount \$30.00
1390 Brookwood Pl.			0 9 0 9 0 9	1
City	Stal te	Zip Code 43209	Form (Cash, Check, etc.) Check	
Columbus	OH	T-04-03		N.C.
Full Name of Contributor			Registration Number, if I	TAC
Viki Rogers			M I B I S	Amount
Street Address 2640 Fair Ave.	Employer/Occupa	ation/Labor Organization*	$0^{M}9 0^{D}9 0^{Y}9$	Amount \$20.00
		7'-0-1	Form (Cash, Check, etc.)	1
City	Stal te OH	Zip Code 43209	Check	
Bexley	I VII	1.0-00	Registration Number, if	PAC
Full Name of Contributor Reg Martin			registration number, II .	
•			M D Y	Amount
Street Address	Employer/Occup:	ation/Labor Organization*	0 9 0 9 0 9	\$20.00
P.O. Box 351	Sta te	Zip Code	Form (Cash, Check, etc.)	
City Westerville	OH Sta, te	43086	Check	
A A G S (G I A III G	Į UΠ		10	and in the second of

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		

\$190.00 Page Total \$

<sup>\*</sup> 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)]