

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 Carl Bauer				Registration Number, if PAC	
Street Address 2363 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 John Offenberg					
Street Address 33 N. Remington 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 Gary Seckel					
Street Address 2646 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 Christine Davis					
Street Address 80 N. Ardmore 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 Alan Pressman					
Street Address 1390 Brookwood Pl.		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 Viki Rogers					
Street Address 2640 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 Reg Martin					
Street Address P.O. Box 351		Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville		State OH	Zip Code 43086	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$190.00**