

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 Katherine Y. Cover | | | Registration Number, if PAC | |
| Street Address 282 N. Ardmore Rd. | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Bexley | State OH | Zip Code 43209 | Y 1 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Demaris L. Leblanc | | | Registration Number, if PAC | |
| Street Address 720 S. Cassingham Rd. | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Bexley | State OH | Zip Code 43209 | Y 1 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Michael A. Jolley | | | Registration Number, if PAC | |
| Street Address 2725 Wellesley Rd. | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43209 | Y 1 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor George Arnold | | | Registration Number, if PAC | |
| Street Address 3020 Dale Ave. | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43209 | Y 1 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Ron Polito | | | Registration Number, if PAC | |
| Street Address 2193 Severhill Dr. | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Dublin | State OH | Zip Code 43016 | Y 1 | Amount \$25.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Diana R. O'Reilly | | | Registration Number, if PAC | |
| Street Address 942 Francis Ave. | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43209 | Y 1 | Amount \$30.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Sheila R. Chodosh | | | Registration Number, if PAC | |
| Street Address 311 S. Parkview Ave. | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Bexley | State OH | Zip Code 43209 | Y 1 | Amount \$15.00 |
| 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 \$ **\$270.00**