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

Event Date_	8/10/11
Page 7	

\$340.00

Page Total \$

Prescribed by Secretary of State 03/0:

	. resoluted by Gootel		
Name of Committee in Full Propose for Moyor			
Brennan for Mayor	·		Projection Number 1984
Full Name of Contributor Ronald A. Robins			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
464 E. Main St., Ste. 100			0 8 1 0 1 1 \$10.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
Richard M. Meizlish	·		
Street Address 351 S. Merkle Rd.	Employer/Occupation/Labor Organization*		0 8 1 0 1 1 \$25.00
City	Sta te	Zip Code	0 8 1 0 1 1 \$25.00 Form (Cash, Check, etc.)
Bexley	OH	43209	Check
Full Name of Contributor	011	40200	Registration Number, if PAC
David A. Dachner			,
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2369 E. Main Street		Ž	0 8 1 0 1 1 \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Koch Engineering Group, LLC			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount \$100.00
3971 Hoover Road #145		Tr. a. I	0 8 1 0 1 1 \$100.00
City Grove City	Siaj te OH	Zip Code 43123	Check
Full Name of Contributor	I On	43123	Registration Number, if PAC
Patricia J. Moriarty			Tagananan Alamada, Wilse
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
79 S. Remington Rd.			0 8 1 0 1 1 \$40.00
City	Stal te	Zip Code 43209	Form (Cash, Check, etc.) Check
Bexley	OH.	43209	
Full Name of Contributor David Valinsky			Registration Number, if PAC
Street Address 344 S. Merkle Rd.	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 8 1 0 1 1 \$25.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43209	Check
Full Name of Contributor Greg Marguiles	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
	I :		Mi Di Yi Amount
Street Address 2671 Bexley Park Rd.		ation/Labor Organization*	0 8 1 0 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	OH	43209	Check
* Paguired for contributions from individuals aver \$	100 to statewide and General As	sembly condidates. If contrib-	utor is self-employed, the accumation and the name 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

in the date column			
Total contributions this event	Total expenditures this event.		
\$0.00	\$0.00		

^{*} 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)]