

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 Ronald A. Robins			Registration Number, if PAC	
Street Address 464 E. Main St., Ste. 100	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$10.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Richard M. Meizlish				
Street Address 351 S. Merkle Rd.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Bexley	State OH	Zip Code 43209	Amount \$25.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor David A. Dachner				
Street Address 2369 E. Main Street			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43209	Amount \$40.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Koch Engineering Group, LLC				
Street Address 3971 Hoover Road #145			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Grove City	State OH	Zip Code 43123	Amount \$100.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Patricia J. Moriarty				
Street Address 79 S. Remington Rd.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Bexley	State OH	Zip Code 43209	Amount \$40.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Valinsky				
Street Address 344 S. Merkle Rd.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43209	Amount \$25.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Greg Marguiles				
Street Address 2671 Bexley Park Rd.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Bexley	State OH	Zip Code 43209	Amount \$100.00	
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 \$ **\$340.00**