

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 George D. Wainer			Registration Number, if PAC	
Street Address 175 S. Cassady Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David E. Dick			Registration Number, if PAC	
Street Address 7445 Cummins Ct.	Employer/Occupation/Labor Organization*		M 0	D 9
City New Albany	State OH	Zip Code 43054	Y 0	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Roger A. Hoey			Registration Number, if PAC	
Street Address 113 S. Ardmore	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Susan L. Quintenz			Registration Number, if PAC	
Street Address 91 Stanbery Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David P. Barker			Registration Number, if PAC	
Street Address 88 Bishop Square	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark R. Masser			Registration Number, if PAC	
Street Address 2479 Fair Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Brian N. Marsh			Registration Number, if PAC	
Street Address 167 N. Remington Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	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 \$ 450.00