Event Date	8/10/11	
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

B. 1	-		
Name of Committee in Full			
Brennan for Mayor Full Name of Contributor			I Profession Mark 1870.0
William Johnston			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
12580 Graham Dr.		•	0 8 1 0 1 1 \$65.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Orient	OH	43146	Check
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Amy Greenberg			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
36 S. Ardmore Rd.			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
Mark A. Hummer			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1795 Edgemont Rd.			0 8 1 0 1 1 \$25.00
City	Starte	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	Check
Full Name of Contributor			Registration Number, if PAC
Jed Morrison			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2572 Brentwood Rd.			0 8 1 0 1 1 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor Joan Kolada			Registration Number, if PAC
Street Address 36 S. Dawson Ave.	Employer/Occup	ation/Labor Organization*	M D Y Amount \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH _.	43209	Check
Full Name of Contributor Jenny Schmitz			Registration Number, if PAC
Street Address 930 Francis Ave.	Employer/Occupation/Labor Organization*		0 8 1 0 1 1 Amount \$40.00
City Bexley	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Lawrence E. Helman	Registration Number, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
63 S. Cassady Ave.			0 8 1 0 1 1 \$50.00
City Columbus	Staj te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
* Described Community at the Grown individuals are \$	100 to atatawida and Canasal As		

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	Total expenditures this event.
\$0.00	\$0.00

\$310.00

^{*} 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)]