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

		
Event Date	8/10/11	
40		
Page 12		

	Prescribed by Secretary of State 03/05	
Name of Committee in Full Brennan for Mayor	-	
Full Name of Contributor Cash received at door at August 10, 2011 Fundraiser		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 0 8 1 0 1 1 \$20.00
City	Stajte Zip Code OH	Form (Cash, Check, etc.) Cash
Full Name of Contributor	<u> </u>	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta¦te Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M. D Y Amount
City	State Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta¦ te Zìp Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Stalte Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Stal te Zip Code	Form (Cash, Check, etc.)
the individual's business, if any, rather than en- labor organization of which the employees are fill in the boxes below only on the last page for	over \$100 to statewide and General Assembly candidates. If comployer should be listed. If two or more employees contribute vermembers, if any, must also appear. [R.C. 3517.10(B)(4)] or this event.	ia payroll deduction and exceed the aggregate of \$100, the
in the date column		

otal contributions this event	Total expenditures this event.		
\$0.00	\$0.00	Page Total \$	\$20.00