

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		Registration Number, if PAC	
Barnet D. Wold			
Street Address	Employer/Occupation/Labor Organization*	M	D
803 Chelsea Ave.		0	8
City	State	Y	Amount
Columbus	OH	1	\$25.00
	Zip Code	1	
	43209	1	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Benjamin J. Kessler			
Street Address	Employer/Occupation/Labor Organization*	M	D
175 S. Stanwood Rd.		0	8
City	State	Y	Amount
Bexley	OH	1	\$25.00
	Zip Code	1	
	43209	1	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Jennifer Walsh			
Street Address	Employer/Occupation/Labor Organization*	M	D
944 S. Remington Rd.		0	8
City	State	Y	Amount
Columbus	OH	1	\$25.00
	Zip Code	1	
	43209	1	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
M.A. Jolley			
Street Address	Employer/Occupation/Labor Organization*	M	D
2725 Wellsley Rd.		0	8
City	State	Y	Amount
Columbus	OH	1	\$30.00
	Zip Code	1	
	43209	1	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Patricia Moriarty			
Street Address	Employer/Occupation/Labor Organization*	M	D
2707 Columbus Ave.		0	8
City	State	Y	Amount
Columbus	OH	1	\$20.00
	Zip Code	1	
	43209	1	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
David Madison			
Street Address	Employer/Occupation/Labor Organization*	M	D
455 S. Parkview Ave. Apt. 110		0	8
City	State	Y	Amount
Bexley	OH	1	\$100.00
	Zip Code	1	
	43209	1	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Anne P. Farley			
Street Address	Employer/Occupation/Labor Organization*	M	D
573 Vista Dr.		0	8
City	State	Y	Amount
Gahanna	OH	1	\$25.00
	Zip Code	1	
	43230	1	
		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 \$ 250.00
