

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