

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 Scott Schiff			Registration Number, if PAC	
Street Address 115 W. Main St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael P. Clary			Registration Number, if PAC	
Street Address 2740 E. Main St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeffrey D. Meyer			Registration Number, if PAC	
Street Address 195 S. Columbia Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Linda L. Schilling			Registration Number, if PAC	
Street Address 7820 Palmer Rd. SW	Employer/Occupation/Labor Organization*		M 0	D 9
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert K. Peterson			Registration Number, if PAC	
Street Address 191 N. Stanwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Barbara A. Weckstein			Registration Number, if PAC	
Street Address 2567 Fair Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mary L. Bauer			Registration Number, if PAC	
Street Address 2363 Bexley Park Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$50.00
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 \$ **\$360.00**