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Statement of Contributions Received

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| Page | <u></u> |
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Prescribed by Secretary of State 03/05

| Name of Committee in Full Brennan for Mayor | | | | | | | |
|--|----------------------------|---|---------------------------|-----------------------------------|--|--|--|
| Full Name of Contributor Richard Termuhlen, II | Registration Number, if P. | Registration Number, if PAC | | | | | |
| Street Address 495 Columbia Place | Employer/Occup | pation/Labor Organization* | | Form (Cash, Check, etc.) Check | | | |
| City Columbus | State OH | Zip Code 43209 | 0 9 0 9 0 9 | Amount \$30.00 | | | |
| Full Name of Contributor Scott and Kelly Elisar Registration Number, if P. | | | | | | | |
| Street Address 119 S. Ardmore Rd. | Employer/Occu | Employer/Occupation/Labor Organization* | | | | | |
| City Columbus | State OH | Zip Code 43209 | 0 9 0 9 0 9 | Amount \$30.00 | | | |
| Full Name of Contributor Registration Number, if P Robert and Lisa Macklin | | | | | | | |
| Street Address 84 N. Stanwood Rd. | Employer/Occu | Employer/Occupation/Labor Organization* | | | | | |
| City Columbus | State OH | Zip Code 43209 | 0 9 0 9 0 9 | Amount \$30.00 | | | |
| Full Name of Contributor Registration Number, if PAC Linda and Robert Schilling | | | | | | | |
| Street Address 7820 Palmer Rd. SW | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) Check | | | |
| City Reynoldsburg | State OH | Zip Code 43068 | 0 9 0 9 0 9 O | Amount \$30.00 | | | |
| Full Name of Contributor Bruce and Katrina Grossman Registration Number, if P. | | | | | | | |
| Street Address 366 S. Stanwood Rd. | Employed Occupation Page 1 | | | Form (Cash, Check, etc.) Check | | | |
| City Bexley | State OH | Zip Code 43209 | 0 9 0 9 0 9 | Amount \$30.00 | | | |
| Full Name of Contributor Mark Schieber Registration Number, if F | | | | | | | |
| Street Address 2555 Bryden Rd. | Employer/Occu | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Check | | | |
| City Bexley | State OH | Zip Code 43209 | 0 9 0 9 0 9 | Amount \$30.00 | | | |
| Full Name of Contributor Carl and Mary Bauer Registration Number, if P | | | | | | | |
| Street Address 2363 Bexley Park Rd. | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) Check | | | |
| City Bexley | State OH | Zip Code 43209 | 0 9 0 9 0 9 | Amount \$30.00 | | | |
| Full Name of Contributor John Offenberg | | | Registration Number, if F | PAC | | | |
| Street Address Employer/Occupation/Labor Organization* 33 N. Remington Rd. | | | | | | | |
| City Bexley | State OH | Zip Code 43209 | M D D Y 0 9 0 9 | Amount \$30.00 | | | |

Page Total \$240.00

^{*} 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)]