

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 Greg Margulies			Registration Number, if PAC	
Street Address 2671 Bexley Park Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Koch Engineering Group LLC			Registration Number, if PAC	
Street Address 3971 Hoover Road #145	Employer/Occupation/Labor Organization*		M 0	D 9
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Terrence A. Grady			Registration Number, if PAC	
Street Address 369 S. Roosevelt	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 Samuel H. Shamansky			Registration Number, if PAC	
Street Address 511 South High Street	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 S. Hoy			Registration Number, if PAC	
Street Address 2629 Bexley Park Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Deitz			Registration Number, if PAC	
Street Address 5458 Richlanne Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard	State OH	Zip Code 43026	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Eloise A. Buker			Registration Number, if PAC	
Street Address 720 Grandon 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				

* 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 \$ **\$530.00**