

# 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 Benjamin J. Kessler			Registration Number, if PAC	
Street Address 175 S. Stanwood Rd.	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 M.A. Jolley			Registration Number, if PAC	
Street Address 2725 Wellesley Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert L. Chapman			Registration Number, if PAC	
Street Address 971 S. Remington Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John C. Ross III			Registration Number, if PAC	
Street Address 39 E. Blenkner St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Arlene Liefeld			Registration Number, if PAC	
Street Address 871 Euclaire Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Bruce Langner			Registration Number, if PAC	
Street Address 332 Burns Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville	State OH	Zip Code 43082	Y 0	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James R. Kebe			Registration Number, if PAC	
Street Address 712 Chelsea Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$25.00
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 \$ 200.00