Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	8/10/11	1
Page 9		

\$325.00

Page Total \$

Prescribed by Secretary of State 03/0

Name of Committee in Full Brennan for Mayor Full Name of Contributor Richard J. Murphy Street Address 3095 Dale Ave. City Columbus Full Name of Contributor Gary L. Ogle	Employer/Occup State OH	ation/Labor Organization* Zip Code 43209	Registration Number, if PAC M 8 1 0 1 1 Amount \$40.00 Form (Cash, Check, etc.)
Full Name of Contributor Richard J. Murphy Street Address 3095 Dale Ave, City Columbus Full Name of Contributor Gary L. Ogle	Sta te	Zip Code	O 8 1 0 1 1 \$40.00
Richard J. Murphy Street Address 3095 Dale Ave, City Columbus Full Name of Contributor Gary L. Ogle	Sta te	Zip Code	O 8 1 0 1 1 \$40.00
3095 Dale Ave. City Columbus Full Name of Contributor Gary L. Ogle	Sta te	Zip Code	0 8 1 0 1 1 \$40.00
City Columbus Full Name of Contributor Gary L. Ogle		Y	
Columbus Full Name of Contributor Gary L. Ogle		Y	Form (Cash, Check, etc.)
Full Name of Contributor Gary L. Ogle	ОН	43209	
Gary L. Ogle			Check
			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
5759 Indianola Ave.			0 8 1 0 1 1 \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
Full Name of Contributor George Wainer			Registration Number, if PAC
Street Address			M D Y Amount
175 S. Cassady Ave.	Employer/Occupation/Labor Organization*		M D Y Amount \$40.00
City	Stai te	Zip Code	Form (Cash, Check, etc.)
Bexley	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Cathleen Gast			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2759 Sherwood Rd.	`	v	0 8 1 0 1 1 \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	OH	43209	Check
Full Name of Contributor Donald Brosius			Registration Number, if PAC
Street Address 2481 Sherwood Rd.	Employer/Occupation/Labor Organization*		0 8 1 0 1 1 Amount \$25.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH.	43209	
Full Name of Contributor Edward Straub			Registration Number, if PAC
Street Address 176 S. Stanwood Rd.	Employer/Occupation/Labor Organization*		0 8 1 0 1 1 Amount \$100.00
City Bexley	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Malcolm Porter	<u> </u>		Registration Number, if PAC
Street Address 2436 Brentwood Rd.	Employer/Occup	ation/Labor Organization*	0 8 1 0 1 1 Amount \$40.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check

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 No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
Total contributions and even	Total experiences and event.
\$0.00	\$0.00

^{*} 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)]