

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 Richard J. Murphy			Registration Number, if PAC	
Street Address 3095 Dale Ave.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary L. Ogle			Registration Number, if PAC	
Street Address 5759 Indianola Ave.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Wainer			Registration Number, if PAC	
Street Address 175 S. Cassady Ave.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cathleen Gast			Registration Number, if PAC	
Street Address 2759 Sherwood Rd.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald Brosius			Registration Number, if PAC	
Street Address 2481 Sherwood Rd.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$25.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Edward Straub			Registration Number, if PAC	
Street Address 176 S. Stanwood Rd.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Malcolm Porter			Registration Number, if PAC	
Street Address 2436 Brentwood Rd.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Bexley	State OH	Zip Code 43209	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 \$ 325.00