

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Brennan for Mayor							
Full Name of Contributor Brian Connor						Registration Number, if PAC	
Street Address 720 S. Roosevelt Ave.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 0	D 9	Y 0	Amount \$20.00
Full Name of Contributor Viki Rogers						Registration Number, if PAC	
Street Address 2640 Fair Ave.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0	Amount \$20.00
Full Name of Contributor Reg and Janet Martin						Registration Number, if PAC	
Street Address P.O. Box 351			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43086	M 0	D 9	Y 0	Amount \$20.00
Full Name of Contributor I. Howard Schottenstein						Registration Number, if PAC	
Street Address 2392 E. Main St.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0	Amount \$20.00
Full Name of Contributor Christine and John Millard						Registration Number, if PAC	
Street Address 104 S. Stanwood Rd.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0	Amount \$20.00
Full Name of Contributor The Yard Barbers						Registration Number, if PAC	
Street Address 2814 Delmar Dr.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0	Amount \$60.00
Full Name of Contributor H. Glen and Carol Beebe						Registration Number, if PAC	
Street Address 2524 Sherwood Rd.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 0	D 9	Y 0	Amount \$25.00
Full Name of Contributor Terrence and Maureen Grady						Registration Number, if PAC	
Street Address 369 S. Roosevelt Rd.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 0	D 9	Y 0	Amount \$50.00

* 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)]

Page Total **\$235.00**