

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Brennan for Mayor									
Full Name of Contributor Patricia Polito						Registration Number, if PAC			
Street Address 387 Shyanne Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State OH		Zip Code 43065		M 0		D 9	
						Y 0		Amount \$30.00	
Full Name of Contributor William and Maureen Harvey						Registration Number, if PAC			
Street Address 417 Westland Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 0		Amount \$30.00	
Full Name of Contributor Roger Carroll and Susan Marantz						Registration Number, if PAC			
Street Address 442 N. Drexel Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43209		M 0		D 9	
						Y 0		Amount \$30.00	
Full Name of Contributor W. Mac and Helen Ware						Registration Number, if PAC			
Street Address 3401 Woodview Pl.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 0		Amount \$30.00	
Full Name of Contributor Sarah and Philip Schroeder						Registration Number, if PAC			
Street Address 3830 Braidwood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH		Zip Code 43026		M 0		D 9	
						Y 0		Amount \$30.00	
Full Name of Contributor Eugene P. Weiss						Registration Number, if PAC			
Street Address 536 S. Third St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 0		Amount \$30.00	
Full Name of Contributor Garold and Elaine Beim						Registration Number, if PAC			
Street Address 6201 Billington Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43213		M 0		D 9	
						Y 0		Amount \$20.00	
Full Name of Contributor Diane and Craig Peterson						Registration Number, if PAC			
Street Address 233 S. Roosevelt 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	

* 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)]