

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 W. Mac Ware				Registration Number, if PAC	
Street Address 3401 Woodview Pl.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Philip Schroeder					
Full Name of Contributor Philip Schroeder				Registration Number, if PAC	
Street Address 3830 Braidwood Dr.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eugene P. Weiss					
Full Name of Contributor Eugene P. Weiss				Registration Number, if PAC	
Street Address 536 S. Third St.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Garold Lee Beim					
Full Name of Contributor Garold Lee Beim				Registration Number, if PAC	
Street Address 6201 Billington Rd.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$20.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Diane Peterson					
Full Name of Contributor Diane Peterson				Registration Number, if PAC	
Street Address 233 S. Roosevelt Ave.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$20.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brenda Willhite					
Full Name of Contributor Brenda Willhite				Registration Number, if PAC	
Street Address 435 Stanberry Dr.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$20.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kay Anne Helman					
Full Name of Contributor Kay Anne Helman				Registration Number, if PAC	
Street Address 63 S. Cassady Ave.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$20.00
City Columbus		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 \$ 170.00
