

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 Carol Zeilzer Stoff			Registration Number, if PAC	
Street Address 2374 Bexley Park	Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Linda L. Schilling			Registration Number, if PAC	
Street Address 7890 Palmer Rd. SW	Employer/Occupation/Labor Organization*		M 0	D 8
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$140.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Offenberg			Registration Number, if PAC	
Street Address 33 N. Remington Rd.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sheila R. Chodosh			Registration Number, if PAC	
Street Address 311 S. Parkview Ave.	Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$125.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor H. Glen Beebe			Registration Number, if PAC	
Street Address 2524 Sherwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kent Triffon			Registration Number, if PAC	
Street Address 1020 Chelsea Ave.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Stuart R. Davis			Registration Number, if PAC	
Street Address 80 N. Ardmore Rd.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$30.00
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 \$ **\$435.00**