

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 Eric Duffee			Registration Number, if PAC	
Street Address 2141 Water Crest Ln.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$40.00
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 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Brenda Willhite			Registration Number, if PAC	
Street Address 435 Stanbery Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Moriarty Courtney, Inc.			Registration Number, if PAC	
Street Address 1007 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43206	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John F. Offenber			Registration Number, if PAC	
Street Address 33 N. Remington Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jessica Price			Registration Number, if PAC	
Street Address 263 N. Cassingham Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Seth D. Preisler			Registration Number, if PAC	
Street Address 2411 Brentwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Beachwood	State OH	Zip Code 44122	Y 0	Amount \$40.00
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 \$ **\$280.00**