

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 Edward T. Moriarty				Registration Number, if PAC	
Street Address 1007 South High		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$20.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Kelly Elisar				Registration Number, if PAC	
Street Address 119 S. Ardmore Rd.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Benjamin J. Kessler				Registration Number, if PAC	
Street Address 175 S. Stanwood Rd.		Employer/Occupation/Labor Organization*		M 1	D 0
City Bexley		State OH	Zip Code 43209	Y 1	Amount \$15.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Lawrence E. Helman				Registration Number, if PAC	
Street Address 63 S. Cassady Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Walter T. Soga, Jr.				Registration Number, if PAC	
Street Address 2491 Fair Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Bexley		State OH	Zip Code 43209	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Norma G. Warner				Registration Number, if PAC	
Street Address 2825 Dale Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Margaret Koons				Registration Number, if PAC	
Street Address 683 Vernon Rd.		Employer/Occupation/Labor Organization*		M 1	D 0
City Bexley		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 \$ **\$315.00**