

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 Ronald Erkis			Registration Number, if PAC	
Street Address 50 Ashbourne Road	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara A. Weckstein			Registration Number, if PAC	
Street Address 2567 Fair Avenue	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew H. Glassman			Registration Number, if PAC	
Street Address 126 Drexel Avenue N.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Millard			Registration Number, if PAC	
Street Address 104 South Stanwood Road	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patricia A. Polito			Registration Number, if PAC	
Street Address 387 Shyanne Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor John C. Ross III			Registration Number, if PAC	
Street Address 39 East Blenkner Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Diane C. Peterson			Registration Number, if PAC	
Street Address 233 S. Roosevelt Ave.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount \$40.00
City Bexley	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 \$ **\$385.00**