

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 Monica Kile				Registration Number, if PAC	
Street Address 235 N. Ardmore Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Lee Nathans				Registration Number, if PAC	
Street Address 55 S. Remington Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Susan Quintenz				Registration Number, if PAC	
Street Address 91 Stanberry Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley		State OH	Zip Code 43209	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jed Morrison				Registration Number, if PAC	
Street Address 2572 Brentwood Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Nori 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 \$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Patricia Moriarty				Registration Number, if PAC	
Street Address 79 S. Remington Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley		State OH	Zip Code 43209	Y 0	Amount \$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor James Sharpe				Registration Number, if PAC	
Street Address 148 S. Remington Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley		State OH	Zip Code 43209	Y 0	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 \$ **\$270.00**