

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 Bruce Langner				Registration Number, if PAC			
Street Address 332 Burns Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	\$25.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Barry Adelman							
Street Address 2542 Fair Ave.				Registration Number, if PAC			
Street Address 2542 Fair Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	\$40.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Steve Keyes							
Street Address 206 N. Drexel Ave.				Registration Number, if PAC			
Street Address 206 N. Drexel Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	\$100.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Laurence Ruben							
Street Address 140 S. Columbia Ave.				Registration Number, if PAC			
Street Address 140 S. Columbia Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	\$40.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Barbara Brandt							
Street Address 2333 Brentwood Rd.				Registration Number, if PAC			
Street Address 2333 Brentwood Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	\$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sherri Blank Lazear							
Street Address 258 N. Parkview Ave.				Registration Number, if PAC			
Street Address 258 N. Parkview Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	\$40.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Saralee Seckel							
Street Address 2646 Bexley Park Rd.				Registration Number, if PAC			
Street Address 2646 Bexley Park Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	\$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**