

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 Mary Strickland				Registration Number, if PAC	
Street Address 2495 Brookwood Rd.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$20.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Termuhlen, II					
Full Name of Contributor Richard Termuhlen, II				Registration Number, if PAC	
Street Address 495 Columbia Place		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kelly Elisar					
Full Name of Contributor Kelly Elisar				Registration Number, if PAC	
Street Address 119 S. Ardmore Rd.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Macklin					
Full Name of Contributor Robert Macklin				Registration Number, if PAC	
Street Address 84 N. Stanwood Rd.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda Schilling					
Full Name of Contributor Linda Schilling				Registration Number, if PAC	
Street Address 7820 Palmer Rd. SW		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Katrina Grossman					
Full Name of Contributor Katrina Grossman				Registration Number, if PAC	
Street Address 366 S. Stanwood Rd.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Schieber					
Full Name of Contributor Mark Schieber				Registration Number, if PAC	
Street Address 2555 Bryden Rd.		Employer/Occupation/Labor Organization*		M D Y 0 9 0 9 0 9	Amount \$30.00
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 \$ 200.00
