

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					Registration Number, if PAC	
Full Name of Contributor Linda Deitz			Employer/Occupation/Labor Organization*		Amount	
Street Address 5458 Richlanne Dr.				M	D	Y
				0	9	09
				0	9	09
				0	9	09
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check		
Full Name of Contributor Cathleen Gast					Registration Number, if PAC	
Full Name of Contributor Cathleen Gast			Employer/Occupation/Labor Organization*		Amount	
Street Address 2759 Sherwood Rd.				M	D	Y
				0	9	09
				0	9	09
				0	9	09
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		
Full Name of Contributor Cynthia Eack					Registration Number, if PAC	
Full Name of Contributor Cynthia Eack			Employer/Occupation/Labor Organization*		Amount	
Street Address 3971 Hoover Rd. #145				M	D	Y
				0	9	09
				0	9	09
				0	9	09
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check		
Full Name of Contributor G. Scott Kondracke					Registration Number, if PAC	
Full Name of Contributor G. Scott Kondracke			Employer/Occupation/Labor Organization*		Amount	
Street Address 2327 Boston Ave.				M	D	Y
				0	9	09
				0	9	09
				0	9	09
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		
Full Name of Contributor David Dick					Registration Number, if PAC	
Full Name of Contributor David Dick			Employer/Occupation/Labor Organization*		Amount	
Street Address 164 S. Stanwood Rd.				M	D	Y
				0	9	09
				0	9	09
				0	9	09
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		
Full Name of Contributor Jeffrey Meyer					Registration Number, if PAC	
Full Name of Contributor Jeffrey Meyer			Employer/Occupation/Labor Organization*		Amount	
Street Address 195 S. Columbia Ave.				M	D	Y
				0	9	09
				0	9	09
				0	9	09
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		
Full Name of Contributor Murray Davis					Registration Number, if PAC	
Full Name of Contributor Murray Davis			Employer/Occupation/Labor Organization*		Amount	
Street Address 2154 E. Main St., Ste. 301				M	D	Y
				0	9	09
				0	9	09
				0	9	09
City Columbus		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 \$ **400.00**