

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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|--|---|-------------------|------------------------------------|--------------------|
| Name of Committee in Full Yes We Can Columbus | | | | |
| Full Name of Contributor Susan Belair | | | Registration Number, if PAC | |
| Street Address 44 Euclid Ave. | Employer/Occupation/Labor Organization* counselor / self-employed | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43201 | Date 09/18/2019 | Amount \$27.00 |
| Full Name of Contributor DEBRA MASSEY-NORTON | | | Registration Number, if PAC | |
| Street Address 186 KENMORE CT | Employer/Occupation/Labor Organization* Not Applicable / Not Applicable | | Form (Cash, Check, etc.) Credit | |
| City WESTERVILLE | State OH | Zip Code 43081 | Date 09/20/2019 | Amount \$10.00 |
| Full Name of Contributor DEBRA MASSEY-NORTON | | | Registration Number, if PAC | |
| Street Address 186 KENMORE CT | Employer/Occupation/Labor Organization* Not Applicable / Not Applicable | | Form (Cash, Check, etc.) Credit | |
| City WESTERVILLE | State OH | Zip Code 43081 | Date 09/20/2019 | Amount \$3.00 |
| Full Name of Contributor Will Petrik | | | Registration Number, if PAC | |
| Street Address 2992 Bremen Street | Employer/Occupation/Labor Organization* Grants Associate / Local Matters | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43224 | Date 09/24/2019 | Amount \$200.00 |
| Full Name of Contributor Adam Parsons | | | Registration Number, if PAC | |
| Street Address 691 Frebis Ave | Employer/Occupation/Labor Organization* Data & Digital Director / Ohio Voice | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43206 | Date 09/24/2019 | Amount \$27.00 |
| Full Name of Contributor Bryce Sampson | | | Registration Number, if PAC | |
| Street Address 86 W. 2nd Ave. | Employer/Occupation/Labor Organization* Manager / Dempsey's | | Form (Cash, Check, etc.) Credit | |
| City COLUMBUS | State OH | Zip Code 43201 | Date 09/24/2019 | Amount \$25.00 |
| Full Name of Contributor Alaina McCleery | | | Registration Number, if PAC | |
| Street Address 815 N High St Apt 61 | Employer/Occupation/Labor Organization* Development associate / Ohio environmental council | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43215 | Date 09/24/2019 | Amount \$500.00 |

* 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

Total expenditures this event