

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Yes We Can Columbus				
To Whom Paid Ace of Cups			Date 10/19/2017	Amount \$150.00
Address 2619 N High St		Purpose Event space		
City Columbus	State OH	Zip Code 43202	Check Number 1049	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	

Transfer total expenditures for this event to Form No. 31-B. Under the To Whom Paid state Expenditures from Form 31-F and list the date of the event in the date column.