

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Jon Green			Registration Number, if PAC	
Street Address 949 Summit Street	Employer/Occupation/Labor Organization* Student / Ohio State		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 10/12/2017	Amount \$25.00
Full Name of Contributor Kayla Merchant			Registration Number, if PAC	
Street Address 459 E Sycamore St	Employer/Occupation/Labor Organization* Compliance & ethics / DHL		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43206	Date 10/12/2017	Amount \$100.00
Full Name of Contributor Martin Kellogg			Registration Number, if PAC	
Street Address 2582 Summit St	Employer/Occupation/Labor Organization* SW Developer / Nationwide		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43202	Date 10/12/2017	Amount \$5.00
Full Name of Contributor Mary Couter			Registration Number, if PAC	
Street Address 1070 Oberlin Dr	Employer/Occupation/Labor Organization* Retired /		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43271	Date 10/12/2017	Amount \$20.00
Full Name of Contributor Michelle R Hill			Registration Number, if PAC	
Street Address 258 Clinton St.	Employer/Occupation/Labor Organization* Owner / St. James Tavern		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43202	Date 10/15/2017	Amount \$300.00
Full Name of Contributor Sandy Bolzenius			Registration Number, if PAC	
Street Address 88 W Blake Ave	Employer/Occupation/Labor Organization* Substitute Teacher / Columbus Public Schools		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43202	Date 10/12/2017	Amount \$20.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00

* 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