

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 Marla Davis			Registration Number, if PAC	
Street Address 80 E Lakeview Ave		Employer/Occupation/Labor Organization* Occupational Therapy / Encare		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 09/26/2017	Amount \$20.00
Full Name of Contributor Megan Iacovetto			Registration Number, if PAC	
Street Address 178 E Tompkins		Employer/Occupation/Labor Organization* Teacher / Columbus State		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43202	Date 09/26/2017	Amount \$20.00
Full Name of Contributor Nathan Bellomy			Registration Number, if PAC	
Street Address 133 West Blake Ave		Employer/Occupation/Labor Organization* Educator / bartender / Tatoheads Public House		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43202	Date 09/26/2017	Amount \$20.00
Full Name of Contributor Rachel Toliver			Registration Number, if PAC	
Street Address 607 Siebert St		Employer/Occupation/Labor Organization* Grad Student / OSU		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43206	Date 09/26/2017	Amount \$20.00
Full Name of Contributor Ramin Ayers			Registration Number, if PAC	
Street Address 2870 Bulen Ave		Employer/Occupation/Labor Organization* Bartender / Tatoheads Public House		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43207	Date 09/26/2017	Amount \$20.00
Full Name of Contributor Sam Iacovetto			Registration Number, if PAC	
Street Address 178 E Tompkins		Employer/Occupation/Labor Organization* Teacher / Columbus State		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43202	Date 09/26/2017	Amount \$20.00
Full Name of Contributor Thomas Lee			Registration Number, if PAC	
Street Address 2261 Indiana Ave		Employer/Occupation/Labor Organization* Organizer / YWC		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43202	Date 09/26/2017	Amount \$20.00

* 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

\$510.00

Total expenditures this event

\$0.00

Page Total: \$140.00