

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

Prescribed by Secretary of State 03/05

|                                                         |                                                                                    |                          |                                           |                          |
|---------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|
| Name of Committee in Full<br><b>Yes We Can Columbus</b> |                                                                                    |                          |                                           |                          |
| Full Name of Contributor<br><b>Andrea Atkins</b>        |                                                                                    |                          | Registration Number, if PAC               |                          |
| Street Address<br><b>405 E 17th Ave</b>                 | Employer/Occupation/Labor Organization*<br><b>Content Licensor / MHE</b>           |                          | Form (Cash, Check, etc.)<br><b>Check</b>  |                          |
| City<br><b>Columbus</b>                                 | State<br><b>OH</b>                                                                 | Zip Code<br><b>43201</b> | Date<br><b>10/12/2017</b>                 | Amount<br><b>\$27.00</b> |
| Full Name of Contributor<br><b>Andrew Neutzling</b>     |                                                                                    |                          | Registration Number, if PAC               |                          |
| Street Address<br><b>43 E Kelso Rd</b>                  | Employer/Occupation/Labor Organization*<br><b>Student / city planner / COTA</b>    |                          | Form (Cash, Check, etc.)<br><b>Credit</b> |                          |
| City<br><b>Columbus</b>                                 | State<br><b>OH</b>                                                                 | Zip Code<br><b>43202</b> | Date<br><b>10/12/2017</b>                 | Amount<br><b>\$30.00</b> |
| Full Name of Contributor<br><b>Benjamin Kile</b>        |                                                                                    |                          | Registration Number, if PAC               |                          |
| Street Address<br><b>874 Dennison Ave</b>               | Employer/Occupation/Labor Organization*<br><b>Data analyst / ICC</b>               |                          | Form (Cash, Check, etc.)<br><b>Credit</b> |                          |
| City<br><b>Columbus</b>                                 | State<br><b>OH</b>                                                                 | Zip Code<br><b>43215</b> | Date<br><b>10/12/2017</b>                 | Amount<br><b>\$27.00</b> |
| Full Name of Contributor<br><b>Bob Matkowski</b>        |                                                                                    |                          | Registration Number, if PAC               |                          |
| Street Address<br><b>6200 Blacks Rd. SW</b>             | Employer/Occupation/Labor Organization*<br><b>Organizer / OEA</b>                  |                          | Form (Cash, Check, etc.)<br><b>Cash</b>   |                          |
| City<br><b>Pataskala</b>                                | State<br><b>OH</b>                                                                 | Zip Code<br><b>43062</b> | Date<br><b>10/12/2017</b>                 | Amount<br><b>\$27.00</b> |
| Full Name of Contributor<br><b>Celia Oberholzer</b>     |                                                                                    |                          | Registration Number, if PAC               |                          |
| Street Address<br><b>824 Sullivant Ave.</b>             | Employer/Occupation/Labor Organization*<br><b>Student / OSU</b>                    |                          | Form (Cash, Check, etc.)<br><b>Cash</b>   |                          |
| City<br><b>Columbus</b>                                 | State<br><b>OH</b>                                                                 | Zip Code<br><b>43223</b> | Date<br><b>10/12/2017</b>                 | Amount<br><b>\$5.00</b>  |
| Full Name of Contributor<br><b>Dan Barber</b>           |                                                                                    |                          | Registration Number, if PAC               |                          |
| Street Address<br><b>44 Schreyer Rd</b>                 | Employer/Occupation/Labor Organization*<br><b>Business Consultant / Nationwide</b> |                          | Form (Cash, Check, etc.)<br><b>Cash</b>   |                          |
| City<br><b>Columbus</b>                                 | State<br><b>OH</b>                                                                 | Zip Code<br><b>43214</b> | Date<br><b>10/12/2017</b>                 | Amount<br><b>\$20.00</b> |
| Full Name of Contributor<br><b>Helen Stewart</b>        |                                                                                    |                          | Registration Number, if PAC               |                          |
| Street Address<br><b>1438 E. Rich St.</b>               | Employer/Occupation/Labor Organization*<br><b>Medical Specialist / Nationwide</b>  |                          | Form (Cash, Check, etc.)<br><b>Credit</b> |                          |
| City<br><b>Columbus</b>                                 | State<br><b>OH</b>                                                                 | Zip Code<br><b>43205</b> | Date<br><b>10/12/2017</b>                 | Amount<br><b>\$50.00</b> |

\* 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