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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			Registration Number, if PAC		
Christopher Merkel			,		
Street Address	Employer/Occupation/Labor O			anization* Form (Cash, Check, etc.)	
7030 Rieber St	Translator / Self-employed			Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43085	08/24/2017	\$10.00	
Full Name of Contributor	· · ·	15 000	Registration Number, it		
Dena Sico					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
936 Oberlin Drive	VP of Development / Ohio Environmental Council		Credit		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43221	08/24/2017	\$40.00	
Full Name of Contributor			Registration Number, is	f PAC	
Duane Casares					
Street Address	Employer/	Occupation/Labor Organi	ization*	Form (Cash, Check, etc.)	
112 Aldrich Rd	CEO / Directions for Youth & Families		amilies	Check	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43214	08/24/2017	\$100.00	
Il Name of Contributor			Registration Number, if PAC		
Ed Sauer					
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)	
263 W North Broadway St	Sprouter / Sunsprout			Cash	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43214	08/24/2017	\$20.00	
Full Name of Contributor			Registration Number, if PAC		
J Pari Sabety					
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)	
3192 Morningside Dr	Mgt Consultant / Accenture			Check	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43202	08/24/2017	\$250.00	
Full Name of Contributor	R		Registration Number, if PAC		
Jane Ferrier					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1484 Belmont	Not employed / None		Cash		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43201	08/24/2017	\$10.00	
Full Name of Contributor			Registration Number, if PAC		
Jennifer Sinnott					
Street Address	Employer/Occupation/Labor Organiz		zation*	Form (Cash, Check, etc.)	
20 E Hubbard Ave Apt 409	Assistant Professor / Ohio State University		Credit		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43215	08/24/2017	\$10.00	

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	
			Page Total: \$440.00

^{*} 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.