

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 Erich Hiner			Registration Number, if PAC	
Street Address 393 Buttlers Ave	Employer/Occupation/Labor Organization* Communications / OACBDD		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 09/02/2017	Amount \$15.00
Full Name of Contributor Jennifer Neff			Registration Number, if PAC	
Street Address 1219 River Trail Dr.	Employer/Occupation/Labor Organization* Pharmacy Tech / CVS		Form (Cash, Check, etc.) Cash	
City Grove City	State OH	Zip Code 43123	Date 09/02/2017	Amount \$10.00
Full Name of Contributor Jeremy Schrader			Registration Number, if PAC	
Street Address 261 Rock Creek Dr.	Employer/Occupation/Labor Organization* Handyman / Self		Form (Cash, Check, etc.) Cash	
City Delaware	State OH	Zip Code 43015	Date 09/02/2017	Amount \$15.00
Full Name of Contributor Jon Beard			Registration Number, if PAC	
Street Address 1815 Franklin Park S	Employer/Occupation/Labor Organization* Real estate / self		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43205	Date 09/02/2017	Amount \$15.00
Full Name of Contributor Josefa Soto			Registration Number, if PAC	
Street Address 562 Enfield Rd	Employer/Occupation/Labor Organization* Court Reporter / FCMC		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43209	Date 09/02/2017	Amount \$5.00
Full Name of Contributor Julie Cochran			Registration Number, if PAC	
Street Address 5539 Cranbrook Ln	Employer/Occupation/Labor Organization* Social Worker / Concord Counseling Services		Form (Cash, Check, etc.) Cash	
City Westerville	State OH	Zip Code 43081	Date 09/02/2017	Amount \$20.00
Full Name of Contributor Julie Kitt			Registration Number, if PAC	
Street Address 2861 Sussex Place Dr.	Employer/Occupation/Labor Organization* RN / NCMH		Form (Cash, Check, etc.) Cash	
City Grove City	State OH	Zip Code 43123	Date 09/02/2017	Amount \$15.00

* 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