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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	
Anna Siriano				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2335 Glenview Blvd	Communications Assistant / OEC			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43204	08/24/2017	\$27.00
Full Name of Contributor			Registration Number	r, if PAC
Bill Eichenberger				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1345 Shanley Dr	Editor / Ohio History Connection		Cash	
City	State	Zip Code	Date	Amount
Columbus	ОН	43224	08/24/2017	\$20.00
Full Name of Contributor			Registration Number	er, if PAC
Bill Doermann				
Street Address	Employer	/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)
9226 Mead Ct.	Retired		Check	
City	State	Zip Code	Date	Amount
Powell	ОН	43065	08/24/2017	\$100.00
Full Name of Contributor			Registration Number	er, if PAC
Brian Leach				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2535 Summit St	Home Health Aid / Self		Cash	
City	State	Zip Code	Date	Amount
Columbus	ОН	43210	08/24/2017	\$5.00
Full Name of Contributor			Registration Number	er, if PAC
Carolyn Carter				
Street Address	Employer/Occupation/Labor Organization*		ganization*	Form (Cash, Check, etc.)
5995 Sedgwick Rd.	Retired			Check
City	State	Zip Code	Date	Amount
Columbus	ОН	43235	08/24/2017	\$250.00
Full Name of Contributor			Registration Number	er, if PAC
Charlene Bair				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
4465 Sellers Avenue	Travel Consultant / Ultramar Travel		Credit	
City	State	Zip Code	Date	Amount
Columbus	ОН	43214	08/24/2017	\$10.00
Full Name of Contributor		<u> </u>	Registration Number	r, if PAC
Chris Hodges				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
5229 Scioto Darby Rd.	Acct. Manager / Express Scripts Check			
City	State	Zip Code	Date	Amount
Hilliard	ÓН	43026	08/24/2017	\$100.00

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: \$512.00

^{*} 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.