Event Date: 09/02/2017

Page 2

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	
Erich Hiner				
Street Address	Employer/	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)
393 Buttles Ave	Communications / OACBDD			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43215	09/02/2017	\$ 15.00
Full Name of Contributor			Registration Number, in	fPAC .
Jennifer Neff				
Street Address	Employer/	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)
1219 River Trail Dr.		Pharmacy Tech / CVS		Cash
City	State	Zip Code	Date	Amount
Grove City	ОН	43123	09/02/2017	\$10.00
Full Name of Contributor	Registration Number			
Jeremy Schrader				
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)
261 Rock Creek Dr.	Handyman / Self			Cash
City	State	Zip Code	Date	Amount
Delaware	ОН	43015	09/02/2017	\$15.00
Full Name of Contributor			Registration Number, it	
Jon Beard				
treet Address Employer/Occupation/Labor Organi			ization*	Form (Cash, Check, etc.)
1815 Franklin Park S	Real estat	-		Cash
City	State	Zip Code	Date	Amount
Columbus	ОН	43205	09/02/2017	\$15.00
full Name of Contributor		Registration Number, it		
Josefa Soto				
Street Address	Employer/	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)
562 Enfield Rd	Court Reporter / FCMC			Credit
City	State	Zip Code	Date	Amount
Columbus	OH	43209	09/02/2017	\$5.00
Full Name of Contributor	OII	43207	Registration Number, it	L.
Julie Cochran			Negastation Number, in I AC	
Street Address Employer/Occupation/Labor Organization*			iration*	Form (Cash, Check, etc.)
5539 Cranbrook Ln			i	Cash
City	Social Worker / Concord Counseling Services State Zip Code Date			Amount
Westerville	OH	43081	09/02/2017	\$20.00
Full Name of Contributor				
Full Name of Contributor Registration Number, if PAC Julie Kitt				PAC
				Form (Cash, Check, etc.)
Street Address 2861 Sussex Place Dr.	RN / NCMH			
				Cash
City Grove City	State	42122	Date 00/02/2017	Amount

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

^{*} 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.