Event Date: 07/20/2019

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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	
Boyd McCamish			<u> </u>	
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)
240 Ravine Bluff Dr.	Organizing Director / CMRJB			Credit
City	State	Zip Code	Date	Amount
Newark	ОН	43055	07/19/2019	\$40.00
Full Name of Contributor			Registration Number,	f PAC
Kevin Truitt			<u> </u>	
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)
199 W. Third Ave.	Attorney / DRO			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	07/19/2019	\$20.00
Full Name of Contributor	Registration Nu			f PAC
Colleen Dempsey			_ 	
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)
1468 Wilson Ave	Social Worker / NASW-OH			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43206	07/19/2019	\$20.00
Full Name of Contributor			Registration Number, i	f PAC
Mark Bocija			<u> </u>	
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)
1039 Highland street	Professor / Columbus state community college		nmunity college	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	07/19/2019	\$30.00
Full Name of Contributor			Registration Number, i	f PAC
Cash donations under \$25 collected at fundraiser				
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)
Not Applicable	Not Applicable / Not Applicable		le	Cash
City	State	Zip Code	Date	Amount
Not Applicable	No	ł	07/20/2019	\$140.00
Full Name of Contributor			Registration Number,	if PAC
Joe Motil				
Street Address	Employer/	Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)
167 W Cooke Rd	Construction Safety Manager / AECOM		AECOM	Cash
City	State	Zip Code	Date	Amount
Columbus	ОН	43214	07/20/2019	\$30.00
Full Name of Contributor			Registration Number,	ifPAC
Chase Irwin				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1243 N 5th Street	Account Manager / Acceptd Inc.			Cash
City	State	Zip Code	Date	Amount
Columbus	OH	43205	07/20/2019	\$35.00

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	

^{*} 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.