

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 Jennie Scheinbach			Registration Number, if PAC	
Street Address 3078 Melva Ave	Employer/Occupation/Labor Organization* Owner / Pattycake Bakery		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43224	Date 10/18/2017	Amount \$10.00
Full Name of Contributor Joslyn Brooks			Registration Number, if PAC	
Street Address 373 W 7th Ave	Employer/Occupation/Labor Organization* N/A / N/A		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43201	Date 10/18/2017	Amount \$20.00
Full Name of Contributor Kristin Porter			Registration Number, if PAC	
Street Address 793 Alexandria Colony Ct	Employer/Occupation/Labor Organization* Paralegal / Bricker & Eckler LLP		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43215	Date 10/18/2017	Amount \$27.00
Full Name of Contributor Leif Tescher			Registration Number, if PAC	
Street Address 28 1st Street	Employer/Occupation/Labor Organization* Self		Form (Cash, Check, etc.) Cash	
City Athens	State OH	Zip Code 45701	Date 10/18/2017	Amount \$20.00
Full Name of Contributor Mark Allison			Registration Number, if PAC	
Street Address 815 Eddystone Ave	Employer/Occupation/Labor Organization* Information Technology / Ohio Education Association		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43224	Date 10/18/2017	Amount \$20.00
Full Name of Contributor Morgan Jones			Registration Number, if PAC	
Street Address 480 Mid Dr	Employer/Occupation/Labor Organization* Self		Form (Cash, Check, etc.) Cash	
City Worthington	State OH	Zip Code 43085	Date 10/18/2017	Amount \$10.00
Full Name of Contributor Rebecca Zimmer			Registration Number, if PAC	
Street Address 2621 Dayton Ave	Employer/Occupation/Labor Organization* Production Manager / New Media Investment Group		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43202	Date 10/18/2017	Amount \$27.00

* 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

Total contributions this event

Total expenditures this event

Page Total: \$134.00