

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 Andrea Atkins			Registration Number, if PAC	
Street Address 405 E 17th Ave	Employer/Occupation/Labor Organization* Content Licensor / MHE		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201	Date 10/12/2017	Amount \$27.00
Full Name of Contributor Andrew Neutzling			Registration Number, if PAC	
Street Address 43 E Kelso Rd	Employer/Occupation/Labor Organization* Student / city planner / COTA		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 10/12/2017	Amount \$30.00
Full Name of Contributor Benjamin Kile			Registration Number, if PAC	
Street Address 874 Dennison Ave	Employer/Occupation/Labor Organization* Data analyst / ICC		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 10/12/2017	Amount \$27.00
Full Name of Contributor Bob Matkowski			Registration Number, if PAC	
Street Address 6200 Blacks Rd. SW	Employer/Occupation/Labor Organization* Organizer / OEA		Form (Cash, Check, etc.) Cash	
City Pataskala	State OH	Zip Code 43062	Date 10/12/2017	Amount \$27.00
Full Name of Contributor Celia Oberholzer			Registration Number, if PAC	
Street Address 824 Sullivant Ave.	Employer/Occupation/Labor Organization* Student / OSU		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43223	Date 10/12/2017	Amount \$5.00
Full Name of Contributor Dan Barber			Registration Number, if PAC	
Street Address 44 Schreyer Rd	Employer/Occupation/Labor Organization* Business Consultant / Nationwide		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43214	Date 10/12/2017	Amount \$20.00
Full Name of Contributor Helen Stewart			Registration Number, if PAC	
Street Address 1438 E. Rich St.	Employer/Occupation/Labor Organization* Medical Specialist / Nationwide		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43205	Date 10/12/2017	Amount \$50.00

* 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