

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 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 08/24/2017	Amount \$100.00
Full Name of Contributor Drew Ullman			Registration Number, if PAC	
Street Address 189 Keswick Dr.		Employer/Occupation/Labor Organization* Consultant / Self		Form (Cash, Check, etc.) Credit
City New Albany	State OH	Zip Code 43054	Date 08/24/2017	Amount \$27.00
Full Name of Contributor Amber Evans			Registration Number, if PAC	
Street Address 6320 Birkewood		Employer/Occupation/Labor Organization* Organizer / Juvenile Justice Coalition		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43229	Date 08/24/2017	Amount \$27.00
Full Name of Contributor Anonymous Anonymous			Registration Number, if PAC	
Street Address Received at fundraiser; volunteer accepting donati		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit
City N/A	State N/	Zip Code	Date 08/24/2017	Amount \$27.00
Full Name of Contributor Anonymous Anonymous			Registration Number, if PAC	
Street Address Received at fundraiser; volunteer accepting donati		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit
City N/A	State N/	Zip Code	Date 08/24/2017	Amount \$27.00
Full Name of Contributor Amanda Birch			Registration Number, if PAC	
Street Address 2406 Adams Ave		Employer/Occupation/Labor Organization* Art therapist / Self		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43202	Date 08/24/2017	Amount \$25.00
Full Name of Contributor Andrew Meiburg			Registration Number, if PAC	
Street Address 904 Aries Drive		Employer/Occupation/Labor Organization* Not employed / None		Form (Cash, Check, etc.) Credit
City Gahanna	State OH	Zip Code 43230	Date 08/24/2017	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: \$260.00