

## 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 Mark Fields			Registration Number, if PAC	
Street Address 3271 Osceola Dr		Employer/Occupation/Labor Organization* Analyst / White castle		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43224	Date 09/24/2019	Amount \$50.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00

\* 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