

## 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 Leo Simpson			Registration Number, if PAC	
Street Address 910 Boscastle Ct B		Employer/Occupation/Labor Organization* Print Associate / Office Depot		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 06/21/2019	Amount \$40.00
Full Name of Contributor Will Petrik			Registration Number, if PAC	
Street Address 2992 Bremen St		Employer/Occupation/Labor Organization* Grants Associate / Local Matters		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43224	Date 07/05/2019	Amount \$20.00
Full Name of Contributor Mary Louise Hawkins			Registration Number, if PAC	
Street Address 5649 Balkan Place		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43231	Date 07/05/2019	Amount \$20.00
Full Name of Contributor Riley Bayer			Registration Number, if PAC	
Street Address 3430 Turnberry Drive		Employer/Occupation/Labor Organization* Healthcare provider / Nationwide Children's Hospitals		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 45840	Date 07/15/2019	Amount \$20.00
Full Name of Contributor Michelle Leeuw			Registration Number, if PAC	
Street Address 865 Beech St		Employer/Occupation/Labor Organization* Trainer / CoverMyMeds		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43206	Date 07/15/2019	Amount \$20.00
Full Name of Contributor Kami Morgan			Registration Number, if PAC	
Street Address 364 Blenheim Rd		Employer/Occupation/Labor Organization* Contracting Officer / DLA		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43215	Date 07/15/2019	Amount \$5.00
Full Name of Contributor Pam Morgan			Registration Number, if PAC	
Street Address 364 Blenheim Rd		Employer/Occupation/Labor Organization* Accounting / Chase		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 07/15/2019	Amount \$5.00

\* 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