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Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | | |
|--|---|--|----------------------|--------------------------|--|
| Yes We Can Columbus | | | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| Jen Gable | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 133 S CYPRESS AVE COLUMBUS | Business Manager / Rain Brothers LLC | | ners LLC | Credit | |
| City | State | Zip Code | Date | Amount | |
| Columbus | ОН | 43222 | 11/02/2019 | \$5.00 | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| Ed Hoffman | | | <u> </u> | | |
| Street Address | Employer/Occupation/Labor Organization* | | nization* | Form (Cash, Check, etc.) | |
| 94 E. Tulane Rd. | Bookseller / Hoffman Books | | Credit | | |
| City | State | Zip Code | Date | Amount | |
| Columbus | OH | 43202 | 11/02/2019 | \$5.00_ | |
| Full Name of Contributor | | | Registration Number, | if PAC | |
| Jubilee Witte | Jubilee Witte | | | | |
| Street Address | 1 | Employer/Occupation/Labor Organization* Form (Ca | | Form (Cash, Check, etc.) | |
| 180 North Chase Ave | Not App | ot Applicable / Not Applicable Credit | | Credit | |
| City | State | Zip Code | Date | Amount | |
| Columbus | ОН | 43204 | 11/02/2019 | \$5.00 | |
| Full Name of Contributor | Registration Numb | | Registration Number, | er, if PAC | |
| Rebecca Petrik | | | | | |
| Street Address | | /Occupation/Labor Organ | | Form (Cash, Check, etc.) | |
| 417 24th St NW | 1 | r / Minot State Univers | | Credit | |
| City | State | Zip Code | Date | Amount | |
| Minot | ND | 58703 | 11/02/2019 | \$18.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Will Petrik | · | | <u> </u> | · | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 2992 Bremen St | | ssociate / Local Matte | | Credit | |
| City | State | Zip Code | Date | Amount | |
| Columbus | ОН | 43224 | 11/02/2019 | \$20.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Farrell Brody | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 103 W. California Ave. | | Not Applicable / Not Applicable | | Credit | |
| City | State | Zip Code | Date | Amount | |
| Columbus | ОН | <u> </u> | 11/03/2019 | \$5.00 | |
| Full Name of Contributor | Registration Numbe | | Registration Number, | if PAC | |
| Charles Lynd | | | | 10 1 01 1 1 | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 1401 Curve Rd | Not Applicable / Not Applicable | | | Credit | |
| City | State | Zip Code | Date | Amount | |
| Delaware For the form | ÓН | 43015 | 11/03/2019 | \$10.00 | |
| Full Name of Contributor | | | Registration Number, | if PAC | |
| Joseph Sommer | | | | | |
| Street Address | Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) | | | | |
| 5672 Great Hall Court | Not Applicable / Not Applicable Credit | | | | |
| City | State | Zip Code | Date | Amount | |

Page Total: \$118.00

^{*} 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)]