Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Yes We Can Columbus	·			<u> </u>
Full Name of Contributor			Registration Number, if PAC	
Marla Davis				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
80 E Lakeview Ave	Occupational Therapist / Encore Rehab			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43202	07/26/2019	\$15.00
Full Name of Contributor			Registration Number,	if PAC
Alexis Mitchell				
Street Address	Employer/Occupation/Labor Organization*		-	Form (Cash, Check, etc.)
4190 Woodville Dr.	admin assistant / Oxford Realty			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43230	07/26/2019	\$5.00
Full Name of Contributor			Registration Number, if PAC	
Austin McCabe Juhnke		-		
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3162 Indianola Ave Apt D	Lecturer / Ohio State University		Credit	
City	State	Zip Code	Date	Amount
Columbus	ОН	43202	07/26/2019	\$10.00
Full Name of Contributor	<u> </u>	··	Registration Number,	if PAC
Stephanie Schlie				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
304 East Whittier Street	Teacher / ESCCO		·	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43206	07/26/2019	\$3.00
Full Name of Contributor			Registration Number	, if PAC
Gail Burkholder			. <u> </u>	
Street Address	Employer/Occupation/Labor Organization*		-	Form (Cash, Check, etc.)
45 Governors Place Apt 15		support / Perception	nist Inc.	Credit
City	State	Zip Code	Date	Amount
COLUMBUS	ОН	43203	07/26/2019	\$18.00
Full Name of Contributor Registration Numb				, if PAC
Sarah Bunch				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2857 Medina Ave	Teacher / Columbus City Schools		Schools	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43224	07/26/2019	\$10.00
Full Name of Contributor	Registration Num			, if PAC
Carol Whitmer				
Street Address	Employer/Occupation/Labor Orga		=	Form (Cash, Check, etc.)
2221 Myrtle Ave	Program Director / Ohio Association of Food		Association of Foodbanks	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43211	07/26/2019	\$10.00
Full Name of Contributor			Registration Number	, if PAC
Betb Ramey				
Street Address	Employer/Occupation/Labor Organization*		Organization*	Form (Cash, Check, etc.)
518 Burnside st apt 1	Organi	Organizer / MSEA		Credit
City	State	Zip Code	Date	Amount
Annanolis	I MD	21403	07/27/2019	\$20.00

^{*} 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)]