

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Celia Oberholzer			Registration Number, if PAC	
Street Address 1393 Summit St. Apartment B		Employer/Occupation/Labor Organization* Student / Jeni's		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43201	Date 12/03/2018	Amount \$5.00
Full Name of Contributor Carolyn Carter			Registration Number, if PAC	
Street Address 5995 Sedgwick Road		Employer/Occupation/Labor Organization* Finance / CDI Corporation		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43235	Date 12/03/2018	Amount \$50.00
Full Name of Contributor Rodney Wollam			Registration Number, if PAC	
Street Address 1479 Devonhurst Dr		Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43232	Date 12/03/2018	Amount \$27.00
Full Name of Contributor Audra Phillips			Registration Number, if PAC	
Street Address 5289 Eisenhower Road		Employer/Occupation/Labor Organization* Midwife / Self		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43229	Date 12/03/2018	Amount \$5.00
Full Name of Contributor Chase Irwin			Registration Number, if PAC	
Street Address 1040 Bryden Road		Employer/Occupation/Labor Organization* Account coordinator / Covermymeds		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43205	Date 12/03/2018	Amount \$10.00
Full Name of Contributor Cindy Gable			Registration Number, if PAC	
Street Address 6608 Red Hawk Court		Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit
City Maineville	State OH	Zip Code 45039	Date 12/03/2018	Amount \$60.00
Full Name of Contributor Anna Klatt			Registration Number, if PAC	
Street Address 193 East North Broadway		Employer/Occupation/Labor Organization* UX Manager / CoverMyMeds		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 12/03/2018	Amount \$5.00
Full Name of Contributor Joel Harris			Registration Number, if PAC	
Street Address 1101 East 6th Avenue		Employer/Occupation/Labor Organization* Water Resource Specialist / State of Montana		Form (Cash, Check, etc.) Credit
City Helena	State MT	Zip Code 59601	Date 12/03/2018	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)]