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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		Registration Number,	er, if PAC	
Krista Faist	, -		<u> </u>		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
519 Midgard Rd		s Coordinator / YWC			
City	State	Zip Code	Date	Amount	
Columbus	OH	43202	02/09/2018	\$10.00	
Full Name of Contributor	Registration Nu		Registration Number,	if PAC	
Brian Meyers	·		<u> </u>		
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)	
138 Long Street	Mechani	c / COTA	OTA Credit		
City	State	Zip Code	Date	Amount	
Ashville	ОН	43103	02/09/2018	\$5.00	
Full Name of Contributor	Registration Numb		Registration Number,	er, if PAC	
Marya DeBlasi			<u> </u>		
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
3005 Kenlawn St	Student S	Services Specialist / C	SCC Credit		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43224	02/10/2018	\$10.00	
Full Name of Contributor		· '	Registration Number,	if PAC	
Justin Fitch			,		
Street Address	Employer	Occupation/Labor Organ	ganization* Form (Cash, Check, etc.)		
2932 Oaklawn Street		Dublin City Schools		Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43224	02/10/2018	\$25.00	
Full Name of Contributor			Registration Number, i		
Noelle Lamp					
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)	
2482 Dawnlight Ave		ing Tech / CenturyLin	(- , ,		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43211	02/10/2018	\$5.00	
Full Name of Contributor	011	12211	Registration Number, i		
Christopher Conner					
Street Address	Employer	Occupation/Labor Organ	anization* Form (Cash, Check, etc.)		
1429 Minnesota Avenue		oloyer/Occupation/Labor Organization* d service worker / Wexner Medical Center		Credit	
City	State	Zip Code	Date	Amount	
Columbus	OH	43211	02/10/2018	\$25.00	
Full Name of Contributor	OII	45211			
Lynn Friedman	Registration Number		Registration (Valider,)	IFAC	
Street Address	Employer	Occupation/Labor Organ	igation*	Form (Cash, Check, etc.)	
2971 White Bark Place	Employer/Occupation/Labor Organization* none / none		nzauon*		
City	State	Zip Code	Credit Date Amount		
Columbus	OH	Zip Code	1	Amount	
Full Name of Contributor	UA	<u> </u>	02/11/2018	\$20.00	
Deanna Ayres	Registration Number		Registration Number, 1	IPAC	
Street Address	Employer	Occupation/Labor O	rigation*	Form (Cook Charle ata)	
2101 Brookhurst Ave	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
		loyed / Not Employed Zip Code		Credit	
City Columbus	State OH	43229	Date 02/12/2018	Amount \$10.00	
Columbus	UD	1 43449	J UZ/1Z/ZUIÖ	■ 31U.U U	

Page Total: \$110.00

^{*} 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)]