

Statement of Contributions Received

Prescribed by Secretary of State 03/08

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Adam Parsons			Registration Number, if PAC	
Street Address 370 E. Morrill Ave. None	Employer/Occupation/Labor Organization* Ohio State University / Systems Specialist		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43207	Date 05/08/2017	Amount \$10.00
Full Name of Contributor Will Petrik			Registration Number, if PAC	
Street Address 350 East Tompkins St Unit B	Employer/Occupation/Labor Organization* local matters / grants Associate		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 05/08/2017	Amount \$10.00
Full Name of Contributor Heather Ralston			Registration Number, if PAC	
Street Address 4100 Seigman Ave	Employer/Occupation/Labor Organization* Self - Massage Therapy		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43213	Date 05/08/2017	Amount \$10.00
Full Name of Contributor Benjamin Kile			Registration Number, if PAC	
Street Address 874 Dennison Ave	Employer/Occupation/Labor Organization* H.C. / Business Analyst		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 05/08/2017	Amount \$10.00
Full Name of Contributor Edward Sauer			Registration Number, if PAC	
Street Address 263 W North Broadway	Employer/Occupation/Labor Organization* Sunspout Farms / Farmer		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 05/08/2017	Amount \$5.00
Full Name of Contributor Jennifer Gable			Registration Number, if PAC	
Street Address 133 S Cypress Ave	Employer/Occupation/Labor Organization* EC DI - Non-profit Management		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43222	Date 05/08/2017	Amount \$5.00
Full Name of Contributor Puja Datto			Registration Number, if PAC	
Street Address 2305 Meadow Village drive	Employer/Occupation/Labor Organization* Equifax Inc - Team lead		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43235	Date 05/08/2017	Amount \$10.00
Full Name of Contributor DEBRA MASSEY-NORTON			Registration Number, if PAC	
Street Address 186 KENMORE CT	Employer/Occupation/Labor Organization* N/A - Homemaker		Form (Cash, Check, etc.) Credit	
City WESTERVILLE	State OH	Zip Code 43081	Date 05/09/2017	Amount \$10.00

* 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, a percentage deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.06(B)(4)]