

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Nora Balduff			Registration Number, if PAC	
Street Address 3328 Karl Road		Employer/Occupation/Labor Organization* Central Ohio Area Agency on Aging / Case Manager		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43224	Date 05/27/2019	Amount \$5.00
Full Name of Contributor Erin Hess			Registration Number, if PAC	
Street Address 1767 Schrock Rd Apt B		Employer/Occupation/Labor Organization* CAI Inc / Technologist		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43229	Date 05/27/2019	Amount \$25.00
Full Name of Contributor Joanne Wissler			Registration Number, if PAC	
Street Address 159 Amazon Pl		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 05/27/2019	Amount \$10.00
Full Name of Contributor Justin Ridgley			Registration Number, if PAC	
Street Address 82 Orchard Ln		Employer/Occupation/Labor Organization* Columbus Metropolitan Library / Customer Service		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 05/27/2019	Amount \$2.00
Full Name of Contributor Lynn Friedman			Registration Number, if PAC	
Street Address 2971 White Bark Place		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code	Date 05/27/2019	Amount \$25.00
Full Name of Contributor Calvin Fisher			Registration Number, if PAC	
Street Address 4461 Collier Dr		Employer/Occupation/Labor Organization* Nationwide Children's Hospital / Driver		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43230	Date 05/28/2019	Amount \$10.00
Full Name of Contributor Danielle Smith			Registration Number, if PAC	
Street Address 36 East Beaumont Road		Employer/Occupation/Labor Organization* NASW OH / Executive Director		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 05/28/2019	Amount \$10.00
Full Name of Contributor Molly Petrik			Registration Number, if PAC	
Street Address 5 Glencrest Ave		Employer/Occupation/Labor Organization* University of New Hampshire / Adjunct Faculty		Form (Cash, Check, etc.) Credit
City Dover	State NH	Zip Code 3820	Date 05/28/2019	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)]