

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Betb Ramey			Registration Number, if PAC	
Street Address 518 Burnside st apt 1	Employer/Occupation/Labor Organization* Organizer / MSEA		Form (Cash, Check, etc.) Credit	
City Annapolis	State MD	Zip Code 21403	Date 02/27/2019	Amount \$20.00
Full Name of Contributor Erin Hess			Registration Number, if PAC	
Street Address 1767 Schrock Rd Apt B	Employer/Occupation/Labor Organization* Technologist / CAI Inc		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43229	Date 02/27/2019	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 02/27/2019	Amount \$10.00
Full Name of Contributor Justin Ridgley			Registration Number, if PAC	
Street Address 82 Orchard Ln	Employer/Occupation/Labor Organization* Customer Service / Columbus Metropolitan Library		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 02/27/2019	Amount \$2.00
Full Name of Contributor Erna Bates			Registration Number, if PAC	
Street Address 2819 E Dublin Granville Rd Apt. 520	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43231	Date 02/27/2019	Amount \$15.00
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 02/27/2019	Amount \$25.00
Full Name of Contributor Michel Coconis			Registration Number, if PAC	
Street Address 3920 Orange Blossom Lane	Employer/Occupation/Labor Organization* line worker / Target Stores Inc.		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43230	Date 02/28/2019	Amount \$10.00
Full Name of Contributor Calvin Fisher			Registration Number, if PAC	
Street Address 4461 Collier Dr	Employer/Occupation/Labor Organization* Driver / Nationwide Children's Hospital		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43230	Date 02/28/2019	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 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)]