

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Nicole Raab			Registration Number, if PAC	
Street Address 1727 N Star Rd	Employer/Occupation/Labor Organization* Senior Technician / Battelle		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43212	Date 03/29/2019	Amount \$5.00
Full Name of Contributor Meghan Dulaney			Registration Number, if PAC	
Street Address 705 BASSWOOD RD	Employer/Occupation/Labor Organization* Card Services Specialist / CME Federal Credit Union		Form (Cash, Check, etc.) Credit	
City COLUMBUS	State OH	Zip Code 43207	Date 03/29/2019	Amount \$10.00
Full Name of Contributor Martin Kellogg			Registration Number, if PAC	
Street Address 2582 Summit Street	Employer/Occupation/Labor Organization* Software Developer / Nationwide		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 03/29/2019	Amount \$25.00
Full Name of Contributor Adam Fazio			Registration Number, if PAC	
Street Address 868 Franklin Ave	Employer/Occupation/Labor Organization* Development Director / Local Matters		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43205	Date 03/29/2019	Amount \$5.00
Full Name of Contributor Dorothy Martindale			Registration Number, if PAC	
Street Address 1850 North Star Road Apt 15	Employer/Occupation/Labor Organization* Social Worker / NASW Ohio		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43212	Date 03/29/2019	Amount \$5.00
Full Name of Contributor Benjamin Leland			Registration Number, if PAC	
Street Address 699 Wetmore Road Apt H	Employer/Occupation/Labor Organization* Grants Admin / OSU		Form (Cash, Check, etc.) Credit	
City COLUMBUS	State OH	Zip Code 43214	Date 03/29/2019	Amount \$5.00
Full Name of Contributor Mark Leone			Registration Number, if PAC	
Street Address 73 Azud Road	Employer/Occupation/Labor Organization* Engineer / Arcatis		Form (Cash, Check, etc.) Credit	
City Thompson	State CT	Zip Code 6277	Date 03/29/2019	Amount \$5.00
Full Name of Contributor Alison Grover			Registration Number, if PAC	
Street Address 95 Foxcroft Road	Employer/Occupation/Labor Organization* Physician / Not Employed		Form (Cash, Check, etc.) Credit	
City West Hartford	State CT	Zip Code 6119	Date 03/29/2019	Amount \$11.00

* 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)]