| Dage | |
|------|--|
| | |

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, if PAC | | | |
| Margaret Lee | | | | _ | | |
| Street Address | Employ | er/Occupation/Labor | Organization* | Form (Cash, Check, etc.) | | |
| 7 Oglethorpe Professional Boulevard | Social worker / Self | | Credit | | | |
| City | State | Zip Code | Date | Amount | | |
| Savannah | GA | 31406 | 10/31/2017 | \$100.00 | | |
| Full Name of Contributor | | | Registration Numb | Registration Number, if PAC | | |
| Steven Lopez | | · | | | | |
| Street Address | Employer/Occupation/Labor Or | | Organization* | Form (Cash, Check, etc.) | | |
| 1089 Sedgwick Court | sociologist / OSU | | Credit | | | |
| City | State | Zip Code | Date | Amount | | |
| Columbus | ОН | 43235 | 10/31/2017 | \$25.00 | | |
| Full Name of Contributor | | | Registration Numb | per, if PAC | | |
| Rodney Wollam | | | | | | |
| Street Address | Employ | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | |
| 1479 Devonhurst Dr | disable | ed veteran / none | | Credit | | |
| City | State | Zip Code | Date | Amount | | |
| Columbus | ОН | 43232 | 11/01/2017 | \$29.95 | | |
| Full Name of Contributor | <u> </u> | | Registration Numb | ber, if PAC | | |
| N/A | N/A | | | | | |
| Street Address | Employ | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | |
| N/A | N/A | | _ | N/A | | |
| City | State | Zip Code | Date | Amount | | |
| N/A | N/A | N/A | N/A | \$0.00 | | |
| Full Name of Contributor | Registration Numb | oer, if PAC | | | | |
| N/A | | | N/A | N/A | | |
| Street Address | Employ | er/Occupation/Labor | Organization* | Organization* Form (Cash, Check, etc.) | | |
| N/A | N/A | | | N/A | | |
| City | State | Zip Code | Date | Amount | | |
| N/A | N/A | N/A | N/A | \$ 0.00 | | |
| Full Name of Contributor | | | Registration Numb | ber, if PAC | | |
| N/A | N/A | N/A | | | | |
| Street Address | Employ | er/Occupation/Labor | | | | |
| N/A | N/A | | C | N/A | | |
| City | State | Zip Code | Date | Amount | | |
| N/A | N/A | N/A | N/A | \$0.00 | | |
| Full Name of Contributor | | | Registration Numb | | | |
| N/A | | | N/A | | | |
| Street Address | | | | Form (Cash, Check, etc.) | | |
| N/A | N/A | | | N/A | | |
| City | State | Zip Code | Date | Amount | | |
| N/A | N/A | N/A | N/A | \$0.00 | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| N/A | | | N/A | | | |
| Street Address | Employ | er/Occupation/Labor (| | Form (Cash, Check, etc.) | | |
| N/A | N/A | | 9. S | N/A | | |
| City | State | Zip Code | Date | Amount | | |
| N/A | N/A | N/A | N/A | \$0.00 | | |

Page Total: \$154.95

^{*} 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)]