

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Benjamin Kile			Registration Number, if PAC	
Street Address 874 Dennison Ave	Employer/Occupation/Labor Organization* Business Analyst / ICC		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 12/24/2018	Amount \$25.00
Full Name of Contributor Duane Casares			Registration Number, if PAC	
Street Address 112 Aldrich Rd	Employer/Occupation/Labor Organization* CEO / Directions for Youth & Families		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 12/24/2018	Amount \$50.00
Full Name of Contributor Haley Weaver			Registration Number, if PAC	
Street Address 683 Lazelle Rd	Employer/Occupation/Labor Organization* Realtor / Self		Form (Cash, Check, etc.) Credit	
City Westerville	State OH	Zip Code 43081	Date 12/24/2018	Amount \$10.00
Full Name of Contributor Jason Edwards			Registration Number, if PAC	
Street Address 2971 Abbey Knoll Drive	Employer/Occupation/Labor Organization* Software Support / Primary Solutions		Form (Cash, Check, etc.) Credit	
City Lewis Center	State OH	Zip Code 43035	Date 12/25/2018	Amount \$15.00
Full Name of Contributor Kathleen Gmeiner			Registration Number, if PAC	
Street Address 463 E Hinman Avenue	Employer/Occupation/Labor Organization* Project Director / UHCAN Ohio		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43207	Date 12/25/2018	Amount \$15.00
Full Name of Contributor Bryce Sampson			Registration Number, if PAC	
Street Address 245 West 4th Avenue Apt. 3	Employer/Occupation/Labor Organization* Manager / Dempsey's		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 12/25/2018	Amount \$5.00
Full Name of Contributor Mark Shanahan			Registration Number, if PAC	
Street Address 3192 Morningside Drive	Employer/Occupation/Labor Organization* Consultant / New Morning Energy LLC		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 12/26/2018	Amount \$50.00
Full Name of Contributor Marla Davis			Registration Number, if PAC	
Street Address 80 E Lakeview Ave	Employer/Occupation/Labor Organization* Occupational Therapist / Encore Rehab		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 12/26/2018	Amount \$15.00

* 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)]