

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Abby Vaile			Registration Number, if PAC	
Street Address 433 Fairlawn Dr		Employer/Occupation/Labor Organization* Teacher / Columbus Public Schools		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 03/26/2018	Amount \$27.00
Full Name of Contributor GENE WIDBY			Registration Number, if PAC	
Street Address 251 EAST BLAKE AVE		Employer/Occupation/Labor Organization* self / self		Form (Cash, Check, etc.) Credit
City COLUMBUS	State OH	Zip Code 43202	Date 03/27/2018	Amount \$5.00
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 03/27/2018	Amount \$20.00
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 03/28/2018	Amount \$10.00
Full Name of Contributor Adam Parsons			Registration Number, if PAC	
Street Address 370 E. Morrill Ave.		Employer/Occupation/Labor Organization* Systems Specialist / Ohio State University		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43207	Date 03/29/2018	Amount \$15.00
Full Name of Contributor Debra Seltzer			Registration Number, if PAC	
Street Address 582 Milford Avenue		Employer/Occupation/Labor Organization* Program Manager / State of Ohio		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 03/29/2018	Amount \$120.00
Full Name of Contributor Michael Nau			Registration Number, if PAC	
Street Address 728 Euclaire		Employer/Occupation/Labor Organization* Researcher / OSU		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43209	Date 03/30/2018	Amount \$10.00
Full Name of Contributor Alison Grover			Registration Number, if PAC	
Street Address 95 Foxcroft Road		Employer/Occupation/Labor Organization* Physician / Masonicare		Form (Cash, Check, etc.) Credit
City West Hartford	State CT	Zip Code 6119	Date 03/31/2018	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)]