

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Joanne Wissler			Registration Number, if PAC	
Street Address 159 Amazon Pl	Employer/Occupation/Labor Organization* Retired / Retired		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 12/27/2018	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 12/27/2018	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 Employed / Not Employed		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43231	Date 12/27/2018	Amount \$15.00
Full Name of Contributor Lynn Friedman			Registration Number, if PAC	
Street Address 2971 White Bark Place	Employer/Occupation/Labor Organization* none / none		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code	Date 12/27/2018	Amount \$25.00
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 12/28/2018	Amount \$10.00
Full Name of Contributor Andrew Meiburg			Registration Number, if PAC	
Street Address 2430 North 4th Street	Employer/Occupation/Labor Organization* Student / The Ohio State University		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 12/28/2018	Amount \$15.00
Full Name of Contributor Danielle Smith			Registration Number, if PAC	
Street Address 36 East Beaumont Road	Employer/Occupation/Labor Organization* Executive Director / NASW OH		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 12/28/2018	Amount \$10.00
Full Name of Contributor Alex D'Amore-Braver			Registration Number, if PAC	
Street Address 111 West 1st Avenue	Employer/Occupation/Labor Organization* Homework Help Center Specialist / Columbus Metropolitan Library		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 12/28/2018	Amount \$5.00

* 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)]