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## **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		
Rodney Wollam				
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)
1479 Devonhurst Dr	Not Applicable / Not Applicable		ole	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43232	02/03/2019	\$27.00
Full Name of Contributor	e of Contributor		Registration Number, if PAC	
Audra Phillips				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
5289 Eisenhower Road	Midwife / Audra Phillips, CPM		Л	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43229	02/03/2019	\$5.00
Full Name of Contributor			Registration Number	, if PAC
Chase Irwin				
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)
1040 Bryden Road	Account coordinator / Covermymeds			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43205	02/03/2019	\$10.00
Full Name of Contributor	<u> </u>		Registration Number	, if PAC
Anna Klatt				
Street Address	Employer	/Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)
193 East North Broadway	UX Manager / CoverMyMeds			Credit
City	State	Zip Code	Date	Amount
Columbus	Он	43214	02/03/2019	\$5.00
Full Name of Contributor	<u> </u>		Registration Number	, if PAC
Joel Harris				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1101 East 6th Avenue	Water Resource Specialist / State of Montana		ate of Montana	Credit
City	State	Zip Code	Date	Amount
Helena	MT	59601	02/03/2019	\$5.00
Full Name of Contributor	Registration Number		, if PAC	
Janet Van Heyde				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
7840 Larchwood Court	Caregiver / Janet Van Heyde		Credit	
City	State	Zip Code	Date	Amount
Dublin	ОН	43016	02/03/2019	\$10.00
Full Name of Contributor	<del></del>		Registration Number	, if PAC
Kevin Truitt				
Street Address	Employe	r/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)
199 W. 3rd Ave.	Attorney / Disability Rights Ohio		hio	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	02/04/2019	\$10.00
Full Name of Contributor			Registration Number	
Zachary Sagar				
Street Address	Employe	r/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)
6382 Portrait Circle	Administrative Assistant / Fifth Ave Lumber Co.			Credit
City	State	Zip Code	Date	Amount
Westerville	OH	43081	02/04/2019	\$5.00

<sup>\*</sup> 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)]