Statement of Contributions Received

Prescribed by Secretary of State 03-65

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*			Form (Cash, Check, etc.)
1479 Devonhurst Dr	N/A / Disabled Veteran			Credit
City	State	Zip Code	Date	Amount
Columbus	OH	43232	06/01/2017	$25.00
Full Name of Contributor				Registration Number, if PAC
Rodney Wollam				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1479 Devonhurst Dr	N/A / Disabled Veteran			Credit
City	State	Zip Code	Date	Amount
Columbus	OH	43232	06/01/2017	$29.95
Full Name of Contributor				Registration Number, if PAC
Sarah Lukowski				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
365 W 6th Ave, Apt H	The Ohio State University / Student			Credit
City	State	Zip Code	Date	Amount
Columbus	OH	43201	06/02/2017	$27.00
Full Name of Contributor				Registration Number, if PAC
Kate Keller				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
4820 Sharon Ave	Self / Chiropractor			Check
City	State	Zip Code	Date	Amount
Columbus	OH	43214	04/27/2017	$500.00
Full Name of Contributor				Registration Number, if PAC
Abby Varle				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
433 Fairlawn Dr	Not Employed / Not Employed			Check
City	State	Zip Code	Date	Amount
Columbus	OH	43214	04/27/2017	$200.00
Full Name of Contributor				Registration Number, if PAC
Upchurch, Harkins, and Varle for Change				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
400 S Fifth St, Ste 101				Check
City	State	Zip Code	Date	Amount
Columbus	OH	43215	04/27/2017	$1,200.00
Full Name of Contributor				Registration Number, if PAC
Carolyn Carter				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
5995 Sedgwick Rd	Retired			Check
City	State	Zip Code	Date	Amount
Columbus	OH	43235	05/03/2017	$20.00
Full Name of Contributor				Registration Number, if PAC
Will Petrik for Columbus				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2224 Myrtle Ave.				Check
City	State	Zip Code	Date	Amount
Columbus	OH	43211	04/27/2017	$1,000.00

* Required for contributions from individuals to SOSB 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)]