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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	
Nora Berardi				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
78 West Rathbone Avenue	Specialist / Huntington Not Bank		Credit	
City	State	Zip Code	Date	Amount
Columbus	ОН	43214	10/06/2019	\$5.00
Full Name of Contributor			Registration Number,	if PAC
Adam Parsons				
Street Address	Employe	r/Occupation/Labor	Organization*	Form (Cash, Check, etc.)
		Data & Digital Director / Ohio Voice		Credit
691 Frebis Ave	State	Zip Code	Date	Amount
City	OH	43206	10/06/2019	\$20.00
Columbus Full Name of Contributor	- 011	13200	Registration Number,	if PAC
Noreen Warnock	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Street Address		Co-founder & Director of Community Outreach /		
128 Clinton Heights Ave	Local Matters		Credit	
City	State	Zip Code	Date	Amount
Columbus	ОН	43202	10/07/2019	\$10.00
Full Name of Contributor			Registration Number,	if PAC
Lee Pepper				
Street Address	Employe	er/Occupation/Labor	Organization*	Form (Cash, Check, etc.)
3087 Neil Avenue	Massage Therapist / Lee Pepper, LMT		Credit	
City	State	Zip Code	Date	Amount
Columbus	ОН	43202	10/07/2019	\$10.00
Full Name of Contributor	Registration Number		, if PAC	
Leo Simpson Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
• • • • • • • • • • • • • • • • • • • •		Print Associate / Office Depot		Credit
910 Boscastle Ct B	State	Zip Code	Date	Amount
City	ОН	43214	10/07/2019	\$5.00
Columbus Full Name of Contributor	- On		Registration Number	, if PAC
Jennifer Gable	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
Street Address	1	Non-profit Management / ECDI		Credit
133 S Cypress Ave	State	Zip Code	Date	Amount
City	OH	43222	10/08/2019	\$5.00
Columbus		13222	Registration Numbe	r, if PAC
Full Name of Contributor			3	
Edward Sauer Street Address	Employ	yer/Occupation/Labo	r Organization*	Form (Cash, Check, etc.)
	Farmer / Sunsprout Farms			Credit
263 W North Broadway	State	Zip Code	Date	Amount
City	OH	43214	10/08/2019	\$5.00
Columbus	Jon	.521.	Registration Number	er, if PAC
Full Name of Contributor				
Alexander Stigler	Emplo	ver/Occupation/Labo	or Organization*	Form (Cash, Check, etc.)
Street Address		Employer/Occupation/Labor Organization* Program Coordinator / Columbus State Communit		
1803 N 4th Street		College		y Credit
City	State	Zip Code	Date	Amount
Columbus	ОН_	43201	10/08/2019	\$27.00
Columbus				

^{*} 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