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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	<del></del>	Registration Number, if PAC					
Diana Gerber							
Street Address	Employer/Occupation/Labor Organia		ization*	Form (Cash, Check, etc.)			
1339 W. 6th Avenue Apt D	Administ	Administrative Coordinator / The Ohio State		Credit			
	University		<del>,</del>	<u> </u>			
City	State	Zip Code	Date	Amount			
Columbus	OH	43212	12/09/2017	\$5.00			
Full Name of Contributor		Registration Number, is	f PAC				
Krista Faist		L					
Street Address		Occupation/Labor Organ		Form (Cash, Check, etc.)			
519 Midgard Rd	Donations Coordinator / YWC			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43202	12/09/2017	\$10.00			
Full Name of Contributor		Registration Number, if PAC					
Marya DeBlasi							
Street Address				Form (Cash, Check, etc.)			
3005 Kenlawn St	Student Services Specialist /			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43224	12/10/2017	\$10.00			
Full Name of Contributor			Registration Number, if PAC				
Justin Fitch		F (0.1.0)					
Street Address	Occupation/Labor Organ	l l					
2932 Oaklawn Street				Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43224	12/10/2017	\$25.00			
Full Name of Contributor	Registration Number, if PAC						
Hillary Hopkins	0	<del></del>	Farm (Carlo Charlo ata)				
Street Address		Occupation/Labor Organ		Form (Cash, Check, etc.)			
1285 E Long St		nager / One Line Coffe Zip Code	Date	Credit Amount			
City	State	1 1	1				
Columbus	ОН	43203	12/10/2017	\$50.00			
Full Name of Contributor Registration Number, if PAC							
Jonathan Beard  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
treet Address Employer/Occupation/Labor (			nization ·	Credit			
1815 Franklin Park South		te/consulting / Self Zip Code	Date	Amount			
City	State OH	43205	12/11/2017	\$10.00			
Columbus	OH	43203	Registration Number, i				
Full Name of Contributor	Registration Number, I	TAC					
Lynn Friedman	uzation*	Form (Cash, Check, etc.)					
Street Address Employer/Occupation/Labor O			iization	Credit			
2971 White Bark Place	White Bark Place none / none   State   Zip Code		Date	Amount			
City	OH	2.p 0000	12/11/2017	\$20.00			
Columbus	Ott	<del></del>	Registration Number, i				
Tan Amile of Commonton							
Deanna Ayres	nization*	Form (Cash, Check, etc.)					
Street Address	Employer/Occupation/Labor Organ Not Employed / Not Employed			Credit			
2101 Brookhurst Ave	State	Zip Code	Date	Amount			
City Columbus	OH	43229	12/12/2017	\$10.00			

Page Total: \$140.00

<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)]