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	
Virginia Vogts				
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)
97 WESTWOOD RD	Not Employed / Not Employed			Credit
City	State	Zip Code	Date	Amount
COLUMBUS	ОН	43214	11/29/2018	\$10.00
Full Name of Contributor			Registration Number, if PAC	
Hank Mylander				
Street Address	Employer/Occupation/Labor Organiz		ization*	Form (Cash, Check, etc.)
832 Thurber Drive West	Policy Analyst / Franklin County			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43215	11/29/2018	\$5.00
Full Name of Contributor			Registration Number, if	
Larissa Branovacki				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2972 Neil Avenue Apt 192A		Coordinator / CoverMy		Credit
City	State	Zip Code	Date	Amount
COLUMBUS	OH	43202	11/29/2018	\$20.00
Full Name of Contributor	OH	43202	Registration Number, it	
Andrew Maggard				
Street Address Employer/Occupation/Labor Organization*			ization*	Form (Cash, Check, etc.)
1437 1/2 N High St	Senior Operations Planner / LBrands			Credit
City	State	Zip Code	Date	Amount
Columbus	OH	43201	11/29/2018	\$10.00
Full Name of Contributor	On	43201	Registration Number, if	
Michel Coconis				IFAC
				Form (Cook Chook etc.)
Street Address	Employer/Occupation/Labor Organization line worker / Target Stores Inc.		ization	Form (Cash, Check, etc.)
3920 Orange Blossom Lane		Zip Code	Dete	Credit
City	State	· ·	Date	Amount \$10.00
Columbus	ОН	43230	11/30/2018	
Full Name of Contributor Registration Number,				PAC
Benjamin Tannenwald				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
986 Rear Pennsylvania Avenue	Physicist			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	11/30/2018	\$8.88
Full Name of Contributor				f PAC
Alison Grover				
Street Address		Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)
95 Foxcroft Road	Physician / Masonicare		· · · · · · · · · · · · · · · · · · ·	Credit
City	State	Zip Code	Date	Amount
West Hartford	CT	6119	11/30/2018	\$10.00
Full Name of Contributor Registration Number, if				f PAC
Merisa Bowers				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
363 Higley Court	Attorney / Self			Credit
City	State	Zip Code	Date	Amount
Gahanna	ОН	43230	11/30/2018	\$50.00

^{*} 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)]