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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		
Jesse Hemminger					
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
264 Cliffside dr	Computer Programmer / Resource Ammirati		esource Ammirati	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43202	12/30/2018	\$5.00	
Full Name of Contributor		Registration Number, if PAC			
Raphael Davis-Williams					
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
2794 Berrell Ave	Attorney / Spater & Davis-Williams LLC		Credit		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43211	12/30/2018	\$5.00	
Full Name of Contributor	<u></u>		Registration Numb	er, if PAC	
Alison Grover			ľ		
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
95 Foxcroft Road	Physician / Masonicare		Credit		
City	State	Zip Code	Date	Amount	
West Hartford	$ _{CT}$	6119	12/31/2018	\$10.00	
Full Name of Contributor		1 2 2 2 2	Registration Numb		
Joyce Martin				,	
Street Address Employer/Occupation/Labor Organization*			Organization*	Form (Cash, Check, etc.)	
54 W 2nd Ave	Retired / Retired		Check		
City	State	Zip Code	Date	Amount	
Columbus	OH	43201	12/18/2018	\$100.00	
Full Name of Contributor	<u> </u>	13201	Registration Numb		
Don Shartzer			i togio,i uno i vuine	.,	
Street Address	Employer/Occupation/Labor Organization*)rganization*	Form (Cash, Check, etc.)	
587 E. Royal Forest Blvd	Attorney / Franklin County Public Defender		Check		
City	State	Zip Code	Date	Amount	
Columbus	OH	43214	12/18/2018	\$30.00	
Full Name of Contributor	1011	13214	Registration Numb		
1.13			N/A		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
N/A	N/A		organization	N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor	10//	_ LIVA	Registration Numb		
N/A			N/A	or, in the	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
N/A	N/A		organization .	N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	_	N/A	\$0.00	
Full Name of Contributor	IN/A	N/A			
Full Name of Contributor N/A		Registration Number, if PAC N/A			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
N/A	N/A		N/A		
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	

Page Total: \$150.00

^{*} 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)]