

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Doug Todd			Registration Number, if PAC	
Street Address 2343 HARDESTY CT		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City COLUMBUS	State OH	Zip Code 43204	Date 01/22/2019	Amount \$25.00
Full Name of Contributor Gary Witte			Registration Number, if PAC	
Street Address 180 N. Chase Ave		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43204	Date 01/22/2019	Amount \$15.00
Full Name of Contributor Cathy Moore			Registration Number, if PAC	
Street Address 1976 Diamondback Drive		Employer/Occupation/Labor Organization* Secretary / Hilliard City Schools		Form (Cash, Check, etc.) Credit
City Powell	State OH	Zip Code 43065	Date 01/22/2019	Amount \$5.00
Full Name of Contributor Kurt Bateman			Registration Number, if PAC	
Street Address 498 Enfield Road		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43209	Date 01/22/2019	Amount \$20.00
Full Name of Contributor Abby Vaile			Registration Number, if PAC	
Street Address 433 Fairlawn Dr		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 01/22/2019	Amount \$27.00
Full Name of Contributor Karyn Deibel			Registration Number, if PAC	
Street Address 166 W Como Ave		Employer/Occupation/Labor Organization* Trager Practitioner / Karyn Deibel		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 01/23/2019	Amount \$25.00
Full Name of Contributor Joe Pleuss			Registration Number, if PAC	
Street Address 2440 Glenmawr Ave		Employer/Occupation/Labor Organization* Advocate / OhioHealth		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 01/23/2019	Amount \$10.00
Full Name of Contributor Deborah Crawford			Registration Number, if PAC	
Street Address 33 Glencoe Rd.		Employer/Occupation/Labor Organization* Grant writing consultant / Deborah Crawford		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 01/23/2019	Amount \$20.00

* 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)]