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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					
Jonathan Beard	·							
Street Address	Employer/Occupation/Labor Organiza		nization*	Form (Cash, Check, etc.)				
1815 Franklin Park S	Self / Real Estate			Cash				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43205	10/18/2017	\$ 15.00				
Full Name of Contributor			Registration Number, if PAC					
Joseph Klatt								
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
345 Walhalla Road	Environmental Specialist / State of Ohio			Credit				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43202	10/06/2017	\$100.00				
Full Name of Contributor	<u> </u>	}	Registration Number, i	fPAC				
Julie Wu			L					
Street Address	Employer/	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)				
125 W Northwood Ave	Not Employed / Not Employed		<u> </u>	Credit				
City	State	Zip Code	Date	Amount				
Columbus	он	43201	09/02/2017	\$5.00				
Full Name of Contributor	<u> </u>		Registration Number, i	f PAC				
Julie Mickley								
Street Address	Employer/	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)				
2790 Indianola Avenue	Real estat			Credit				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43202	09/16/2017	\$250.00				
Full Name of Contributor	<u> </u>	Registration Number, i	f PAC					
Justin Fitch								
Street Address	Employer/	Occupation/Labor Organ	anization* Form (Cash, Check, etc.)					
2932 Oaklawn Street	Teacher / Dublin City Schools			Credit				
City	State	Zip Code	Date	Amount				
Columbus	он	43224	09/10/2017	\$25.00				
Full Name of Contributor	Registra		Registration Number, i	stration Number, if PAC				
Justin Fitch								
Street Address	treet Address Employer/Occupation/Labor O		rganization* Form (Cash, Check, etc.)					
2932 Oaklawn Street	Teacher / Dublin City Schools			Credit				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43224	10/10/2017	\$25.00				
Full Name of Contributor		<u> </u>	Registration Number, i					
Karl Rusnak								
Street Address	Employer/	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)				
240 W Pacemont Rd	Account	Manager / FWD Creat	tive	Credit				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43202	10/06/2017	\$10.00				
Full Name of Contributor			Registration Number, if PAC					
Karyn Deibel								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
166 W Como Ave	Trager Practitioner / Self			Credit				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43202	10/15/2017	\$23.00				

^{*} 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