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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				
Charles Lynd						
Street Address	1	r/Occupation/Labor Org	=	Form (Cash, Check, etc.)		
1401 Curve Rd		licable / Not Applica		Credit		
City	State	Zip Code	Date	Amount		
Delaware	ОН	43015	06/03/2019	\$10.00		
Full Name of Contributor	Registration Number, if PAC					
Joseph Sommer						
Street Address	ddress Employer/Occupation/Labor O		•	Form (Cash, Check, etc.)		
5672 Great Hall Court	Not Applicable / Not Applicable		ible	Credit		
City	State	Zip Code	Date	Amount		
Columbus	OH	43231	06/03/2019	\$50.00		
Full Name of Contributor		Registration Nur		iber, if PAC		
Celia Oberholzer						
Street Address	Employe	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
393 Summit St. Apartment B Jeni's / Student				Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43201	06/03/2019	\$5.00		
Full Name of Contributor			Registration Numb	er, if PAC		
Carolyn Carter						
Street Address	Employer/Occupation/Labor Organization*		ganization*	Form (Cash, Check, etc.)		
5995 Sedgwick Road	CDI Co	rporation / Finance		Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43235	06/03/2019	\$50.00		
Full Name of Contributor			Registration Numb	er, if PAC		
Rodney Wollam						
· · · · · · · · · · · · · · · · · · ·		r/Occupation/Labor Org	ganization*	Form (Cash, Check, etc.)		
1479 Devonhurst Dr	Not Applicable / Not Applicable		able	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43232	06/03/2019	\$27.00		
Full Name of Contributor			Registration Numb			
Audra Phillips						
Street Address	Employe	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
89 Eisenhower Road Audra Phillips, CPM / Mid			Credit			
City	State	Zip Code	Date	Amount		
Columbus	ОН	43229	06/03/2019	\$5.00		
Full Name of Contributor	1011	10000	Registration Numb			
Joel Harris	Trog Sauce Sauce					
Street Address	Employe	r/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)		
1101 East 6th Avenue	1	Montana / Water Re	_	Credit		
City	State	Zip Code	Date	Amount		
Helena	MT	59601	06/03/2019	\$5.00		
Full Name of Contributor	IVII	1 33001				
Anna Klatt Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, 6)						
193 East North Broadway CoverMyMeds / UX Mai			O	Credit		
		Zip Code	Date Date			
Columbus	State OH	43214	06/03/2019	Amount \$5.00		
• Commons	I (JH	1.43/14	1.00/03/2019	# 30.UU		

Page Total: \$157.00

^{*} 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)]