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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				
Barbara Eakins .				·			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
925 Dennison Avenue	Not Applicable / Not Applicable			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43201	05/02/2019	\$20.00			
Full Name of Contributor			Registration Number, if PAC				
Carol Whitmer							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2221 Myrtle Ave	Ohio Association of Foodbanks / Program Director			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43211	05/02/2019	\$15.00			
Full Name of Contributor			Registration Number,	if PAC			
Kassandra McCleery			,				
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)			
2313 Eastcleft Dr	Nextdoor	/ Community and Par	tnership Developer	Credit			
City	State	Zip Code	Date	Amount			
Columbus	он	43221	05/02/2019	\$5.00			
Full Name of Contributor	<u> </u>		Registration Number,	if PAC			
Eric Britton							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
261 Caren Avenue	Public Children Services Association of Ohio /			Credit			
	Nonprofit manager						
City	State	Zip Code	Date	Amount			
Worthington	ОН	43085	05/02/2019	\$5.00			
Full Name of Contributor			Registration Number, if PAC				
Jen Gable							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
133 S CYPRESS AVE COLUMBUS	Rain Brothers LLC / Business Manager		Credit				
City	State	Zip Code	Date	Amount			
Columbus	ОН	43222	05/02/2019	\$ 5.00			
Full Name of Contributor			Registration Number,	if PAC			
Jubilee Witte							
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)			
180 North Chase Ave	Not Applicable / Not Applicable		le	Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43204	05/02/2019	\$5.00			
Full Name of Contributor	Registration Number		if PAC				
Rebecca Petrik							
Street Address	Employer	/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)			
417 24th St NW	Minot State University / Professor		Credit				
City	State	Zip Code	Date	Amount			
Minot	ND	58703	05/02/2019	\$18.00			
ull Name of Contributor Registration Number, if				if PAC			
Scott Burch							
Street Address	Employer	/Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)			
1940 Rockdale Dr	Not Applicable / Not Applicable			Check			
City	State	Zip Code	Date	Amount			
Columbus	OH	13220	05/03/2019	\$3.00			

Page Total: \$76.00

^{*} 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)]