Dana	
Page	

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		
Amanda King					
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)	
62 S Ohio Ave	City Planner / Self			Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН		09/03/2017	\$ 10.00	
Full Name of Contributor	ull Name of Contributor		Registration Number, if PAC		
Amanda King	Amanda King				
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)	
62 S Ohio Ave	City Planner / Self			Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	1	10/03/2017	\$ 10.00	
Full Name of Contributor	<u>+</u>		Registration Number, i	f PAC	
Amy Harkins				!	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Cl		Form (Cash, Check, etc.)		
56 E Kanawha Ave		Development Director		Credit	
	Enterprises		0.0		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43214	09/20/2017	\$10.00	
Full Name of Contributor	Registration Number		Registration Number, i	er, if PAC	
Amy Grover					
Street Address		Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
292 Park Rd.	Attorney	/ UnitedLex		Credit	
City	State	Zip Code	Date	Amount	
Westerville	ОН	43081	10/17/2017	\$25.00	
Full Name of Contributor Registration Num		Registration Number, i	f PAC		
Andrew Stocker					
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)	
150 Milton St. Basement	Venue Manager / Baby's All Right			Credit	
City	State	Zip Code	Date	Amount	
Brooklyn	NY	11222	09/29/2017	\$20.00	
Full Name of Contributor	Registration Number, if PAC				
Andrew Pavelchek					
Street Address	Employer	/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
15545 Westview Rd.	Manager / E-band Communications LLC			Credit	
City	State	Zip Code	Date	Amount	
Poway	CA	92064	10/06/2017	\$25.00	
Full Name of Contributor	1	, , , , , , , , , , , , , , , , , , , ,	Registration Number, is	<u> </u>	
Anna Klatt					
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
193 East North Broadway	Not Employed / Not Employed			Credit	
City	State	Zip Code	Date	Amount	
Columbus	OH	43214	10/05/2017	\$325.00	
Full Name of Contributor	Cii	45211	Registration Number, it		
Ari Glogower			Nog.onano	TTAC	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
952 Franklin Ave	Ohio State University / Professor Credit				
City	State	Zip Code	Date	Amount	
Columbus	OH	43205	10/13/2017	\$150.00	

Page Total: \$575.00

^{*} 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)]