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 | |
| Kurt Bateman | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | nization* | Form (Cash, Check, etc.) |
| 498 Enfield Road | Not Applicable / Not Applicable | | | Credit |
| City | State | Zip Code | Date | Amount |
| Columbus | ОН | 43209 | 07/22/2019 | \$20.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Abby Vaile | | | | |
| Street Address | Employer/Occupation/Labor Organization | | nization* | Form (Cash, Check, etc.) |
| 433 Fairlawn Dr | Not Applicable / Not Applicable | | | Credit |
| City | State | Zip Code | Date | Amount |
| Columbus | ОН | 43214 | 07/22/2019 | \$27.00 |
| Full Name of Contributor | | | Registration Number, i | fPAC |
| Martha Maas | | | | |
| Street Address | Employer/ | Occupation/Labor Organ | nization* | Form (Cash, Check, etc.) |
| 93 E. Longview Ave. | Not Applicable / Not Applicable | | | Credit |
| City | State | Zip Code | Date | Amount |
| Columbus | ОН | 43202 | 07/22/2019 | \$100.00 |
| Full Name of Contributor | | | Registration Number, i | |
| Scott Burch | | | | |
| Street Address | Employer/ | Occupation/Labor Organ | nization* | Form (Cash, Check, etc.) |
| 1940 Rockdale Dr | Not Applicable / Not Applicable | | | Check |
| City | State | Zip Code | Date | Amount |
| Columbus | ОН | 43229 | 07/23/2019 | \$3.00 |
| Full Name of Contributor | | | Registration Number, i | f PAC |
| Karyn Deibel | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 166 W Como Ave | Trager Practitioner / Karyn Deibel | | bel | Credit |
| City | State | Zip Code | Date | Amount |
| Columbus | ОН | 43202 | 07/23/2019 | \$25.00 |
| Full Name of Contributor | Registration Number | | | f PAC |
| Joe Pleuss | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 2440 Glenmawr Ave | Advocate / OhioHealth | | | Credit |
| City | State | Zip Code | Date | Amount |
| Columbus | ОН | 43202 | 07/23/2019 | \$10.00 |
| Full Name of Contributor | | <u> </u> | Registration Number, i | f PAC |
| Deborah Crawford | | | | |
| Street Address | Employer | Occupation/Labor Organ | nization* | Form (Cash, Check, etc.) |
| 33 Glencoe Rd. | Grant writing consultant / self-employe | | employed | Credit |
| City | State | Zip Code | Date | Amount |
| Columbus | ОН | 43214 | 07/23/2019 | \$20.00 |
| Full Name of Contributor Registration Numb | | | Registration Number, | if PAC |
| Kenneth Myers | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 43 E Kelso Rd | Not Applicable / Not Applicable | | | Credit |
| City | State | Zip Code | Date | Amount |
| Columbus | ОН | 43202 | 07/24/2019 | \$15.00 |

^{*} 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)]