

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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|--|--|-------------------|------------------------------------|-------------------|
| Name of Committee in Full Yes We Can Columbus | | | | |
| Full Name of Contributor Lynn Friedman | | | Registration Number, if PAC | |
| Street Address 2971 White Bark Place | Employer/Occupation/Labor Organization* Not Applicable / Not Applicable | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code | Date 08/27/2019 | Amount \$25.00 |
| Full Name of Contributor Adam Bulizak | | | Registration Number, if PAC | |
| Street Address 178 E Longview Ave | Employer/Occupation/Labor Organization* Dean / Hondros College of Nursing | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43202 | Date 08/27/2019 | Amount \$25.00 |
| Full Name of Contributor Will Klatt | | | Registration Number, if PAC | |
| Street Address 80 e Lakeview | Employer/Occupation/Labor Organization* Organizer / OEA | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43202 | Date 08/27/2019 | Amount \$10.00 |
| Full Name of Contributor Calvin Fisher | | | Registration Number, if PAC | |
| Street Address 4461 Collier Dr | Employer/Occupation/Labor Organization* Driver / Nationwide Children's Hospital | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43230 | Date 08/28/2019 | Amount \$10.00 |
| Full Name of Contributor Andrew Meiburg | | | Registration Number, if PAC | |
| Street Address 2430 North 4th Street | Employer/Occupation/Labor Organization* Student / The Ohio State University | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43202 | Date 08/28/2019 | Amount \$15.00 |
| Full Name of Contributor Danielle Smith | | | Registration Number, if PAC | |
| Street Address 36 East Beaumont Road | Employer/Occupation/Labor Organization* Executive Director / NASW OH | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43214 | Date 08/28/2019 | Amount \$10.00 |
| Full Name of Contributor Molly Petrik | | | Registration Number, if PAC | |
| Street Address 5 Glencrest Ave | Employer/Occupation/Labor Organization* Adjunct Faculty / University of New Hampshire | | Form (Cash, Check, etc.) Credit | |
| City Dover | State NH | Zip Code 3820 | Date 08/28/2019 | Amount \$5.00 |
| Full Name of Contributor Alex D'Amore-Braver | | | Registration Number, if PAC | |
| Street Address 111 West 1st Avenue | Employer/Occupation/Labor Organization* Homework Help Center Specialist / Columbus Metropolitan Library | | Form (Cash, Check, etc.) Credit | |
| City Columbus | State OH | Zip Code 43201 | Date 08/28/2019 | Amount \$5.00 |

* 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)]