

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Carrie Coisman			Registration Number, if PAC	
Street Address 374 E Tompkins St Apartment 6	Employer/Occupation/Labor Organization* Server / The Crest on Parsons		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 12/03/2017	Amount \$5.00
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 12/03/2017	Amount \$10.00
Full Name of Contributor Amanda King			Registration Number, if PAC	
Street Address 62 S Ohio Ave	Employer/Occupation/Labor Organization* City Planner / Self		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 12/03/2017	Amount \$10.00
Full Name of Contributor Charles Lynd			Registration Number, if PAC	
Street Address 1401 Curve Rd	Employer/Occupation/Labor Organization* none / none		Form (Cash, Check, etc.) Credit	
City Delaware	State OH	Zip Code 43015	Date 12/03/2017	Amount \$10.00
Full Name of Contributor Michael Daul			Registration Number, if PAC	
Street Address 629 E 11th Ave	Employer/Occupation/Labor Organization* Payroll Specialist / Several staffing agencies		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43211	Date 12/05/2017	Amount \$10.00
Full Name of Contributor Ralph Stocker			Registration Number, if PAC	
Street Address 380 Broad St	Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit	
City Windsor	State CT	Zip Code 6095	Date 12/06/2017	Amount \$10.00
Full Name of Contributor Jessica Patton			Registration Number, if PAC	
Street Address 3070 Sunset Drive	Employer/Occupation/Labor Organization* Circulation Team Lead / Worthington Public Library		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 12/07/2017	Amount \$5.00
Full Name of Contributor Jennifer Gable			Registration Number, if PAC	
Street Address 133 S Cypress Ave	Employer/Occupation/Labor Organization* Non-profit Management / ECDI		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43222	Date 12/08/2017	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)]