

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Farrell Brody			Registration Number, if PAC	
Street Address 103 W. California Ave.	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code	Date 05/03/2019	Amount \$5.00
Full Name of Contributor Charles Lynd			Registration Number, if PAC	
Street Address 1401 Curve Rd	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Delaware	State OH	Zip Code 43015	Date 05/03/2019	Amount \$10.00
Full Name of Contributor Joseph Sommer			Registration Number, if PAC	
Street Address 5672 Great Hall Court	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43231	Date 05/03/2019	Amount \$50.00
Full Name of Contributor Celia Oberholzer			Registration Number, if PAC	
Street Address 1393 Summit St. Apartment B	Employer/Occupation/Labor Organization* Jeni's / Student		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 05/03/2019	Amount \$5.00
Full Name of Contributor Carolyn Carter			Registration Number, if PAC	
Street Address 5995 Sedgwick Road	Employer/Occupation/Labor Organization* CDI Corporation / Finance		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43235	Date 05/03/2019	Amount \$50.00
Full Name of Contributor Rodney Wollam			Registration Number, if PAC	
Street Address 1479 Devonhurst Dr	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43232	Date 05/03/2019	Amount \$27.00
Full Name of Contributor Audra Phillips			Registration Number, if PAC	
Street Address 5289 Eisenhower Road	Employer/Occupation/Labor Organization* Audra Phillips, CPM / Midwife		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43229	Date 05/03/2019	Amount \$5.00
Full Name of Contributor Joel Harris			Registration Number, if PAC	
Street Address 1101 East 6th Avenue	Employer/Occupation/Labor Organization* State of Montana / Water Resource Specialist		Form (Cash, Check, etc.) Credit	
City Helena	State MT	Zip Code 59601	Date 05/03/2019	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)]