Page	l	

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Yes We Can Columbus			I Designation Number (CDAC)			
ull Name of Contributor			Registration Number, if PAC			
Jennifer Gable	T E 1	// // // // // // // // // // // // //		Francisco (Carlo Charles and		
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
133 S Cypress Ave	Non-profit Management / ECDI			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43222	06/08/2019	\$5.00		
Full Name of Contributor			Registration Number, if PAC			
ward Sauer						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
263 W North Broadway	Farmer / Sunsprout Farms		Credit			
City	State	Zip Code	Date	Amount		
Columbus	OH	43214	06/08/2019	\$5.00		
Full Name of Contributor			Registration Number,	if PAC		
Alexander Stigler						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1803 N 4th Street	Program Coordinator / Columbus State Community College			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43201	06/08/2019	\$27.00		
Full Name of Contributor		<u></u>	Registration Number,	if PAC		
Mark Allison						
Street Address	Employe	r/Occupation/Labor Org	ganization*	Form (Cash, Check, etc.)		
815 Eddystone Ave	Information Technology / Ohio Education Association			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43224	06/08/2019	\$27.00		
Full Name of Contributor Registration Number			if PAC			
Mary Jo Kilroy						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
3100 Midgard Road	Lawyer / Mary Jo Kilroy		Credit			
City	State	Zip Code	Date	Amount		
Columbus	ОН	43202	06/08/2019	\$10.00		
Full Name of Contributor	·		Registration Number,	if PAC		
Andrew Neutzling						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
43 East Kelso Road	Planning Intern / COTA		-	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43202	06/08/2019	\$10.00		
Full Name of Contributor			Registration Number,	if PAC		
David Donofrio						
Street Address	Employe	r/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)		
298 Carilla Ln	Administrative / Prairie Township			Credit		
City	State	Zip Code	Date	Amount		
1 · ·	OH	43228	06/08/2019	\$5.00		
Columbus Full Name of Contributor	OH.		Registration Number,			
Turi Name of Constitution						
Tarin Norris	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Street Address	Registered nurse / Mount Carmel			Credit		
105 Mill Race Road	State	Zip Code	Date	Amount		
City	OH	43023	06/08/2019	\$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/R)/411