

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
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 09/28/2017	Amount \$10.00
Full Name of Contributor Carol Rini			Registration Number, if PAC	
Street Address 997 Perry St	Employer/Occupation/Labor Organization* Marketing copywriter / McGohan Brabender		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 10/18/2017	Amount \$50.00
Full Name of Contributor Carolyn Carter			Registration Number, if PAC	
Street Address 5995 Sedgwick Rd.	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	Date 09/01/2017	Amount \$20.00
Full Name of Contributor Carolyn Carter			Registration Number, if PAC	
Street Address 5995 Sedgwick Rd.	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	Date 09/27/2017	Amount \$250.00
Full Name of Contributor Carolyn N. Rosenstein			Registration Number, if PAC	
Street Address 2194 Century Hill	Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit	
City Los Angeles	State CA	Zip Code 90067	Date 10/12/2017	Amount \$25.00
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 10/03/2017	Amount \$5.00
Full Name of Contributor Cassandra Young			Registration Number, if PAC	
Street Address 581 Bradley st.	Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 10/03/2017	Amount \$20.00
Full Name of Contributor Cathy Levine			Registration Number, if PAC	
Street Address 908 Grandon Avenue	Employer/Occupation/Labor Organization* Not employed / Not employed		Form (Cash, Check, etc.) Credit	
City Bexley	State OH	Zip Code 43209	Date 10/09/2017	Amount \$500.00

* 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)]