

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Keith Chapman			Registration Number, if PAC	
Street Address 4170 West Jefferson Kiousville Rd		Employer/Occupation/Labor Organization* retired / none		Form (Cash, Check, etc.) Credit
City London	State OH	Zip Code 43140	Date 11/20/2018	Amount \$5.00
Full Name of Contributor William Lyons			Registration Number, if PAC	
Street Address 245 Walhalla Road		Employer/Occupation/Labor Organization* Instructor / Columbus State Community College		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 11/20/2018	Amount \$5.00
Full Name of Contributor Jean Wentzel			Registration Number, if PAC	
Street Address PO Box 20153		Employer/Occupation/Labor Organization* Retired / Retired		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43220	Date 11/20/2018	Amount \$10.00
Full Name of Contributor GENE WIDBY			Registration Number, if PAC	
Street Address 1059 East North Broadway St		Employer/Occupation/Labor Organization* canvasser / Conservation Ohio		Form (Cash, Check, etc.) Credit
City COLUMBUS	State OH	Zip Code 43224	Date 11/20/2018	Amount \$10.00
Full Name of Contributor Becky Phillips			Registration Number, if PAC	
Street Address 208 King Ave Apt D		Employer/Occupation/Labor Organization* Graduate Research Assistant / The Ohio State University		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43201	Date 11/20/2018	Amount \$5.00
Full Name of Contributor Jennifer Sinnott			Registration Number, if PAC	
Street Address 501 W 2nd Ave		Employer/Occupation/Labor Organization* Assistant Professor / Ohio State University		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43201	Date 11/20/2018	Amount \$15.00
Full Name of Contributor Marian Harris			Registration Number, if PAC	
Street Address 5145 Holbrook Dr		Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43232	Date 11/20/2018	Amount \$10.00
Full Name of Contributor Christopher Conner			Registration Number, if PAC	
Street Address 1429 Minnesota Avenue		Employer/Occupation/Labor Organization* Food Service Worker / Wexner Medical Center		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43211	Date 11/20/2018	Amount \$50.00

* 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)]