

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Nora Balduff			Registration Number, if PAC	
Street Address 3328 Karl Road	Employer/Occupation/Labor Organization* Case Manager / Central Ohio Area Agency on Aging		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43224	Date 09/27/2019	Amount \$5.00
Full Name of Contributor Erin Hess			Registration Number, if PAC	
Street Address 1767 Schrock Rd Apt B	Employer/Occupation/Labor Organization* Technologist / CAI Inc		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43229	Date 09/27/2019	Amount \$25.00
Full Name of Contributor Joanne Wissler			Registration Number, if PAC	
Street Address 159 Amazon Pl	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 09/27/2019	Amount \$10.00
Full Name of Contributor Justin Ridgley			Registration Number, if PAC	
Street Address 82 Orchard Ln	Employer/Occupation/Labor Organization* Customer Service / Columbus Metropolitan Library		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 09/27/2019	Amount \$2.00
Full Name of Contributor Lynn Friedman			Registration Number, if PAC	
Street Address 2971 White Bark Place	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code	Date 09/27/2019	Amount \$25.00
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 09/27/2019	Amount \$25.00
Full Name of Contributor Will Richards			Registration Number, if PAC	
Street Address 2420 E Dublin Granville Road #339	Employer/Occupation/Labor Organization* Research Clerk / Cass Information Systems		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43229	Date 09/27/2019	Amount \$25.00
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 09/28/2019	Amount \$10.00

* 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)]