

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Charlyn Bohland			Registration Number, if PAC	
Street Address 288 South Sylvan Avenue		Employer/Occupation/Labor Organization* Attorney / OPD		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43204	Date 10/18/2019	Amount \$10.00
Full Name of Contributor Barbara Fleming			Registration Number, if PAC	
Street Address 2612 Glenmawr Ave		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code	Date 10/18/2019	Amount \$10.00
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 10/19/2019	Amount \$10.00
Full Name of Contributor Jessica Beardsley			Registration Number, if PAC	
Street Address 418 Fairwood Ave		Employer/Occupation/Labor Organization* Librarian / Columbus Metropolitan Library		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43205	Date 10/19/2019	Amount \$10.00
Full Name of Contributor Nick Jackson			Registration Number, if PAC	
Street Address 4634 N High St		Employer/Occupation/Labor Organization* Service / President Tuxedo		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 10/19/2019	Amount \$10.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00

\* 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)]