

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Colleen Dempsey			Registration Number, if PAC	
Street Address 1468 Wilson Ave	Employer/Occupation/Labor Organization* NASW-OH / Social Worker		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43206	Date 04/24/2019	Amount \$15.00
Full Name of Contributor Martin Brown			Registration Number, if PAC	
Street Address 162 E 2nd Ave	Employer/Occupation/Labor Organization* OhioHealth / Office Specialist		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 04/25/2019	Amount \$10.00
Full Name of Contributor Jason Edwards			Registration Number, if PAC	
Street Address 2971 Abbey Knoll Drive	Employer/Occupation/Labor Organization* Primary Solutions / Software Support		Form (Cash, Check, etc.) Credit	
City Lewis Center	State OH	Zip Code 43035	Date 04/25/2019	Amount \$15.00
Full Name of Contributor Kathleen Gmeiner			Registration Number, if PAC	
Street Address 463 E Hinman Avenue	Employer/Occupation/Labor Organization* UHCAN Ohio / Project Director		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43207	Date 04/25/2019	Amount \$15.00
Full Name of Contributor Bryce Sampson			Registration Number, if PAC	
Street Address 245 West 4th Avenue Apt. 3	Employer/Occupation/Labor Organization* Dempsey's / Manager		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 04/25/2019	Amount \$5.00
Full Name of Contributor Mark Shanahan			Registration Number, if PAC	
Street Address 3192 Morningside Drive	Employer/Occupation/Labor Organization* New Morning Energy LLC / Consultant		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 04/26/2019	Amount \$50.00
Full Name of Contributor Marla Davis			Registration Number, if PAC	
Street Address 80 E Lakeview Ave	Employer/Occupation/Labor Organization* Encore Rehab / Occupational Therapist		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 04/26/2019	Amount \$15.00
Full Name of Contributor Alexis Mitchell			Registration Number, if PAC	
Street Address 4190 Woodville Dr.	Employer/Occupation/Labor Organization* Oxford Realty / admin assistant		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43230	Date 04/26/2019	Amount \$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(B)(4)]