

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
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 03/03/2019	Amount \$10.00
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 03/03/2019	Amount \$10.00
Full Name of Contributor Joseph Sommer			Registration Number, if PAC	
Street Address 5672 Great Hall Court	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43231	Date 03/03/2019	Amount \$50.00
Full Name of Contributor Celia Oberholzer			Registration Number, if PAC	
Street Address 1393 Summit St. Apartment B	Employer/Occupation/Labor Organization* Student / Jeni's		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 03/03/2019	Amount \$5.00
Full Name of Contributor Kent Fisher			Registration Number, if PAC	
Street Address 126 Amzaon Pl.	Employer/Occupation/Labor Organization* Professor / Columbus State Community College		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 03/03/2019	Amount \$10.00
Full Name of Contributor Rodney Wollam			Registration Number, if PAC	
Street Address 1479 Devonhurst Dr	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43232	Date 03/03/2019	Amount \$27.00
Full Name of Contributor Audra Phillips			Registration Number, if PAC	
Street Address 5289 Eisenhower Road	Employer/Occupation/Labor Organization* Midwife / Audra Phillips, CPM		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43229	Date 03/03/2019	Amount \$5.00
Full Name of Contributor Chase Irwin			Registration Number, if PAC	
Street Address 1040 Bryden Road	Employer/Occupation/Labor Organization* Account coordinator / Covermymeds		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43205	Date 03/03/2019	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)]