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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Yes We Can Columbus							
Full Name of Contributor		Registration Number, if PAC					
Barbara Eakins							
Street Address	Employer/Occupation/Labor Organ		nization*	Form (Cash, Check, etc.)			
925 Dennison Avenue	Not Emp	loyed / Not Employed		Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43201	11/02/2018	\$20.00			
Full Name of Contributor			Registration Number, i	fPAC			
Carol Whitmer							
Street Address	Employer/	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)			
2221 Myrtle Ave	Program Director / Ohio Association of Foodbanks			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43211	11/02/2018	\$15.00			
Full Name of Contributor	•	•	Registration Number, i	f PAC			
Thomas Lee							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
518 Burnside Street Apt 1 Senior Volunteer Lea			rganizer / Human	Credit			
	Rights Campaign						
City	State	Zip Code	Date	Amount			
Annapolis	MD	21403	11/02/2018	\$10.00			
Full Name of Contributor	Registration Number			f PAC			
Farrell Brody	=0.1						
Street Address Employer/Occupation/Labor			nization*	Form (Cash, Check, etc.)			
103 W. California Ave.	Not employed / Not employ			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН		11/03/2018	\$5.00			
Full Name of Contributor	Registration Number, i	f PAC					
Amanda King							
Street Address	Employer/Occupation/Labor O			Form (Cash, Check, etc.)			
62 S Ohio Ave	City Plan	ty Planner / Self		Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН		11/03/2018	\$10.00			
Full Name of Contributor			Registration Number,	f PAC			
Charles Lynd							
Street Address Employer/Occupation/Labor			Organization* Form (Cash, Check, etc.)				
1401 Curve Rd	none / no	ne		Credit			
City	State	Zip Code	Date	Amount			
Delaware	ОН	43015	11/03/2018	\$10.00			
Full Name of Contributor	I		Registration Number,	if PAC			
Adam Bulizak							
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)			
178 E. Longview Ave	1	ondros College of Nu		Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43202	11/03/2018	\$10.00			
Full Name of Contributor			Registration Number, if PAC				
Joseph Sommer							
Street Address	Employer	nization*	Form (Cash, Check, etc.)				
5672 Great Hall Court	1	loyed / Not Employed		Credit			
City	State	Zip Code	Date	Amount			
Columbus	OH	43231	11/03/2018	\$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)]