

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 11/27/2019	Amount \$5.00
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 11/27/2019	Amount \$2.00
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 11/27/2019	Amount \$10.00
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 11/27/2019	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 11/27/2019	Amount \$25.00
Full Name of Contributor Andrew Meiburg			Registration Number, if PAC	
Street Address 2430 North 4th Street	Employer/Occupation/Labor Organization* Student / The Ohio State University		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 11/28/2019	Amount \$15.00
Full Name of Contributor Molly Petrik			Registration Number, if PAC	
Street Address 5 Glencrest Ave	Employer/Occupation/Labor Organization* Adjunct Faculty / University of New Hampshire		Form (Cash, Check, etc.) Credit	
City Dover	State NH	Zip Code 3820	Date 11/28/2019	Amount \$5.00
Full Name of Contributor Alex D'Amore-Braver			Registration Number, if PAC	
Street Address 111 West 1st Avenue	Employer/Occupation/Labor Organization* Homework Help Center Specialist / Columbus Metropolitan Library		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 11/28/2019	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)]