

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Gail Burkholder			Registration Number, if PAC	
Street Address 45 Governors Place Apt 15		Employer/Occupation/Labor Organization* Client support / Perceptionist Inc.		Form (Cash, Check, etc.) Credit
City COLUMBUS	State OH	Zip Code 43203	Date 01/26/2019	Amount \$18.00
Full Name of Contributor Beth Ramey			Registration Number, if PAC	
Street Address 518 Burnside st apt 1		Employer/Occupation/Labor Organization* Organizer / MSEA		Form (Cash, Check, etc.) Credit
City Annapolis	State MD	Zip Code 21403	Date 01/27/2019	Amount \$20.00
Full Name of Contributor Erin Hess			Registration Number, if PAC	
Street Address 1767 Schrock Rd Apt B		Employer/Occupation/Labor Organization* Technologist / CAI Inc		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43229	Date 01/27/2019	Amount \$25.00
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 01/27/2019	Amount \$10.00
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 01/27/2019	Amount \$2.00
Full Name of Contributor Erna Bates			Registration Number, if PAC	
Street Address 2819 E Dublin Granville RdApt. 520		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43231	Date 01/27/2019	Amount \$15.00
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 01/27/2019	Amount \$25.00
Full Name of Contributor Calvin Fisher			Registration Number, if PAC	
Street Address 4461 Collier Dr		Employer/Occupation/Labor Organization* Driver / Nationwide Children's Hospital		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43230	Date 01/28/2019	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)]