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Page	Z.

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			
Democracy for America	F 1 /	0 4 7 1 0	C00370007	F (0.1.61.1.1.)		
Street Address	Employer/	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
PO Box 1717	a	7: 0.1	1	Check		
City	State	Zip Code	Date	Amount		
Burlington	VT		10/18/2017	\$1,000.00		
Full Name of Contributor			Registration Number, it	FPAC		
Eric Goldman	T		<u> </u>	p (0.1 ct. 1)		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
730 W Hubert Ave	Process Engineer / Anchor Hocking		i	Cash		
City	State	Zip Code	Date	Amount		
Lancaster	ОН	43130	10/01/2017	\$30.00		
Full Name of Contributor	Registration Numb		Registration Number, it	er, if PAC		
Alexis Mitchell	T	0 4 7 1 0	<u> </u>	F (0 1 0 1 1 1)		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4190 Woodville Dr		rative Assistant / Oxfo		Cash		
City	State	Zip Code	Date	Amount		
Gahanna	ОН	43230	10/01/2017	\$15.00		
Full Name of Contributor	Registration Nur		Registration Number, i	aber, if PAC		
Kent Fisher				F (0.1.01.1)		
Street Address	Employer/Occupation/Labor Organization		ization*	Form (Cash, Check, etc.)		
126 Amazon Pl	Professor		1_	Cash		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43214	10/01/2017	\$30.00		
Full Name of Contributor			Registration Number, if PAC			
N/A	r <u> </u>		N/A	- (a) al)		
Street Address	1	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
N/A	N/A	I g: 0 1	T	N/A		
City	State	Zip Code	Date	Amount		
N/A	N/A	N/A	N/A	\$0.00		
Full Name of Contributor			Registration Number, if PAC			
N/A			N/A			
Street Address	Employer/Occupation/Labor Or					
N/A	N/A	Ta: 0 1	<u></u>	N/A		
City	State	Zip Code	Date	Amount		
N/A	N/A	N/A	N/A	\$0.00		
Full Name of Contributor			Registration Number, if PAC			
//A			N/A			
Street Address		Occupation/Labor Organ	uzation*	Form (Cash, Check, etc.)		
N/A	N/A	Ta: 6.1	T	N/A		
City	State	Zip Code	Date	Amount		
N/A	N/A	N/A	N/A	\$0.00		
Full Name of Contributor			Registration Number, if PAC			
N/A N/A				n (0.1.61.1.1.1		
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
N/A	N/A	la o i	T-	N/A		
City	State	Zip Code	Date	Amount		
NI/A	NJ/A	N/A	N/A	\$0.00		

^{*} 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