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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				
Jessica Beardsley							
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)			
418 Fairwood Ave	Librarian / Colun		olitan Library	Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43205	12/19/2018	\$10.00			
Full Name of Contributor			Registration Number,	if PAC			
Amy Harkins							
Street Address	Employer/Occupation/Labor Orga		inization*	Form (Cash, Check, etc.)			
56 E Kanawha Ave	Business Development Director / Em Enterprises		or / Employment	Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43214	12/20/2018	\$10.00			
Full Name of Contributor			Registration Number,	if PAC			
Amy Harkins							
Street Address	Employer	Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)			
56 E Kanawha Ave	Business Development Director / Employment Enterprises			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43214	12/20/2018	\$10.00			
Full Name of Contributor	•		Registration Number,	if PAC			
Keith Chapman							
Street Address	reet Address Employer/Occupation/Labor 0			Form (Cash, Check, etc.)			
4170 West Jefferson Kiousville Rd	retired / 1	none		Credit			
City	State	Zip Code	Date	Amount			
London	ОН	43140	12/20/2018	\$5.00			
Full Name of Contributor	<u> </u>		Registration Number,	if PAC			
William Lyons							
Street Address	Employer/Occupation/Labor		nization*	Form (Cash, Check, etc.)			
245 Walhalla Road	Instructor / Columbus State		mmunity College	Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43202	12/20/2018	\$5.00			
Full Name of Contributor			Registration Number,	if PAC			
Jean Wentzel							
Street Address	eet Address Employer/Occupation/Labor		nization*	Form (Cash, Check, etc.)			
Box 20153 Retired / Retire		Retired		Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43220	12/20/2018	\$10.00			
Full Name of Contributor	<u> </u>		Registration Number,	if PAC			
Becky Phillips							
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)			
208 King Ave Apt D	Graduate Research Assistant / The Ohio State University			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43201	12/20/2018	\$5.00			
Full Name of Contributor			Registration Number,	if PAC			
Jennifer Sinnott							
Street Address Employer		Occupation/Labor Orga	Organization* Form (Cash, Che				
501 W 2nd Ave	Assistant	Professor / Ohio Stat	e University	Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43201	12/20/2018	\$15.00			

^{*} 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)]