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	Registration Number, if PAC	
Audra Phillips			Registration (Valide)	, III AC	
Street Address	Employer	Occupation/Labor Org	ranization*	Form (Cash, Check, etc.)	
5289 Eisenhower Road	Midwife / Audra Phillips, CPM		Credit		
City	State Zip Code Date		Amount		
Columbus	OH	43229	07/03/2019	\$5.00	
Full Name of Contributor	UII	4,32,29	Registration Number		
Joel Harris			Registration Number, it is AC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1101 East 6th Avenue	Water Resource Specialist / State of Montana		Credit		
City	State Zip Code Date			Amount	
Helena	MT	59601	07/03/2019	\$5.00	
Full Name of Contributor	IVII	39001			
			Registration Number	, IT PAC	
Anna Klatt	I E	/O : // I ! O		F (C 1 Cl 1 ()	
Street Address	Employer/Occupation/Labor Organization* UX Manager / CoverMyMeds		Form (Cash, Check, etc.)		
193 East North Broadway		Zip Code		Credit	
City	State	1	Date	Amount	
Columbus	ОН	43214	07/03/2019	\$5.00	
Full Name of Contributor			Registration Number	, if PAC	
Alyssa Chenault			To (0.1.0)		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4349 Pillar Drive		ications Manager / (Credit	
City	State	Zip Code	Date	Amount	
Grove City	ОН	43123	07/03/2019	\$15.00	
Full Name of Contributor Registration Number				, if PAC	
Liliana Baiman					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
426 Reinhard Ave		ason / Central Ohio		Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43206	07/03/2019	\$10.00	
Full Name of Contributor Registration Number,				; if PAC	
Hank Mylander					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
832 Thurber Drive West	Policy Analyst / Franklin County JFS		Credit		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43215	07/03/2019	\$10.00	
Full Name of Contributor			Registration Number	, if PAC	
Benjamin Leland					
Street Address	Employer	/Occupation/Labor Org	ganization*	Form (Cash, Check, etc.)	
699 Wetmore Road Apt H	Grants Admin / OSU			Credit	
City	State	Zip Code	Date	Amount	
COLUMBUS	ОН	43214	07/03/2019	\$5.00	
Full Name of Contributor Registration Number			, if PAC		
Meghan Dulaney					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
705 BASSWOOD RD	Card Services Specialist / CME Federal Credit Univ			on Credit	
City	State	Zip Code	Date	Amount	
COLUMBUS	ОН	43207	07/03/2019	\$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)]