

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Kristin Porter			Registration Number, if PAC	
Street Address 773 Alexandria Colony Court	Employer/Occupation/Labor Organization* Paralegal / Bricker & Eckler LLP		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 09/22/2019	Amount \$15.00
Full Name of Contributor Gary Witte			Registration Number, if PAC	
Street Address 180 N. Chase Ave	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43204	Date 09/22/2019	Amount \$15.00
Full Name of Contributor Cathy Moore			Registration Number, if PAC	
Street Address 1976 Diamondback Drive	Employer/Occupation/Labor Organization* Secretary / Hilliard City Schools		Form (Cash, Check, etc.) Credit	
City Powell	State OH	Zip Code 43065	Date 09/22/2019	Amount \$5.00
Full Name of Contributor Kurt Bateman			Registration Number, if PAC	
Street Address 498 Enfield Road	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43209	Date 09/22/2019	Amount \$20.00
Full Name of Contributor Abby Vaile			Registration Number, if PAC	
Street Address 433 Fairlawn Dr	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 09/22/2019	Amount \$27.00
Full Name of Contributor Shane Wealti			Registration Number, if PAC	
Street Address 441 Cherrington Road	Employer/Occupation/Labor Organization* Engineer / Mast Global Logistics		Form (Cash, Check, etc.) Credit	
City Westerville	State OH	Zip Code 43081	Date 09/22/2019	Amount \$125.00
Full Name of Contributor Karyn Deibel			Registration Number, if PAC	
Street Address 166 W Como Ave	Employer/Occupation/Labor Organization* Trager Practitioner / Karyn Deibel		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 09/23/2019	Amount \$25.00
Full Name of Contributor Joe Pleuss			Registration Number, if PAC	
Street Address 2440 Glenmawr Ave	Employer/Occupation/Labor Organization* Advocate / OhioHealth		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 09/23/2019	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)]