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Statement of Contributions Received

Prescribed by Secretary of State 03/05

T	=======================================				
Name of Committee in Full					
Yes We Can Columbus Full Name of Contributor	In the state of the state of				
Adam Bulizak			Registration Number	, if PAC	
Street Address	Employer	Occupation/Labor Orac	wization*	Form (Cash, Check, etc.)	
178 E. Longview Ave	Employer/Occupation/Labor Organization*			Credit	
176 B. Longview Ave	Dean Academic Affairs / Hondros College of Nursing			Crean	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43202	11/28/2019	\$25.00	
Full Name of Contributor			Registration Number	er, if PAC	
Greg Pace					
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
1362 Erickson Avenue	Not Employed / Not Employed		Credit		
City	State	Zip Code	Date	Amount	
Columbus	OH	43227	11/29/2019	\$5.00	
Full Name of Contributor		-	Registration Number	, if PAC	
Nicole Raab					
Street Address	Employer/Occupation/Labor Organization*		anization*	Form (Cash, Check, etc.)	
1727 N Star Rd	Senior T	echnician / Battelle		Credit	
City	State	Zip Code	Datc	Amount	
Columbus	ОН	43212	11/29/2019	\$5.00	
Full Name of Contributor		-	Registration Number, if PAC		
Lauren Squires					
Street Address	Employer/Occupation/Labor Organization*		anization*	Form (Cash, Check, etc.)	
474 Wyandotte Avenue	Professor / The Ohio State University		iversity	Credit	
City	State	Zip Code	Date	Amount	
Columbus	OH	43202	11/29/2019	\$5.00	
Full Name of Contributor	11-8-11-11-11-11-11-11-11-11-11-11-11-11		Registration Number	; if PAC	
Adam Fazio	-r·				
Street Address		nployer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
868 Franklin Ave	_	ment Director / Local		Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43205	11/29/2019	\$5.00	
Full Name of Contributor Registration Number, if PAC					
Martin Kellogg	1				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2582 Summit Street		Developer / Nationy		Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43202	11/29/2019	\$25.00	
Full Name of Contributor Registration Numb			r, if PAC		
Benjamin Leland Street Address	F1	/0 /1 . 1 . 0		F = (0 + 0 + 1 + 1)	
	Employer/Occupation/Labor Organization* Grants Admin / OSU		anization*	Form (Cash, Check, etc.)	
699 Wetmore Road Apt H		Zip Code	I b	Credit Amount	
COLUMBUS	State	43214	Date 11/29/2019		
Full Name of Contributor	1011	13214	Registration Number	\$5.00	
Joel Atkinson			Kegistiation Number	, IIIAC	
Street Address	Employee	:/Occupation/Labor O	enization*	Form (Cash, Check, etc.)	
133 S Cypress Ave	· · · ·				
City	State	Zip Code	Date	Credit Amount	
Columbus	OII	21p Code	Date	Amount es no	

Page Total: \$80.00

^{*} 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)]