

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Dorothy Martindale			Registration Number, if PAC	
Street Address 1850 North Star Road Apt 15	Employer/Occupation/Labor Organization* Social Worker / NASW Ohio		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43212	Date 06/29/2019	Amount \$5.00
Full Name of Contributor Joel Atkinson			Registration Number, if PAC	
Street Address 133 S Cypress Ave	Employer/Occupation/Labor Organization* Construction / Rain Brothers		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43222	Date 06/29/2019	Amount \$5.00
Full Name of Contributor Mark Leone			Registration Number, if PAC	
Street Address 73 Azud Road	Employer/Occupation/Labor Organization* Engineer / Arcatis		Form (Cash, Check, etc.) Credit	
City Thompson	State CT	Zip Code 6277	Date 06/29/2019	Amount \$5.00
Full Name of Contributor Emily Petrik			Registration Number, if PAC	
Street Address 1101 East 6th Avenue	Employer/Occupation/Labor Organization* Teacher / Helena Public Schools		Form (Cash, Check, etc.) Credit	
City Helena	State MT	Zip Code 59601	Date 06/29/2019	Amount \$5.00
Full Name of Contributor Virginia Vogts			Registration Number, if PAC	
Street Address 97 WESTWOOD RD	Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit	
City COLUMBUS	State OH	Zip Code 43214	Date 06/29/2019	Amount \$10.00
Full Name of Contributor Andrew Maggard			Registration Number, if PAC	
Street Address 1437 1/2 N High St	Employer/Occupation/Labor Organization* Senior Operations Planner / LBrands		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 06/29/2019	Amount \$10.00
Full Name of Contributor Larissa Branovacki			Registration Number, if PAC	
Street Address 2972 Neil Avenue Apt 192A	Employer/Occupation/Labor Organization* Account Coordinator / CoverMyMeds		Form (Cash, Check, etc.) Credit	
City COLUMBUS	State OH	Zip Code 43202	Date 06/29/2019	Amount \$20.00
Full Name of Contributor Michael Nau			Registration Number, if PAC	
Street Address 728 Euclaire Ave	Employer/Occupation/Labor Organization* Research Scientist / Ohio State		Form (Cash, Check, etc.) Credit	
City Bexley	State OH	Zip Code 43209	Date 06/29/2019	Amount \$30.00

* 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)]