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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	
Jean Wentzel				
Street Address	Employer/Occupation/Labor Organization*		anization*	Form (Cash, Check, etc.)
PO Box 20153	Not Applicable / Not Applicable		ble	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43220	02/20/2019	\$10.00
Full Name of Contributor			Registration Number, i	if PAC
Becky Phillips				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
208 King Ave Apt D	Graduate Research Assistant / The Ohio State University		/ The Ohio State	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	02/20/2019	\$5.00
Full Name of Contributor			Registration Number, if PAC	
Marian Harris				
Street Address	Employer/Occupation/Labor Organization*		anization*	Form (Cash, Check, etc.)
5145 Holbrook Dr	Not Applicable / Not Applicable		ble	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43232	02/20/2019	\$10.00
Full Name of Contributor	Registration		Registration Number,	if PAC
Jennifer Sinnott				
Street Address	Employer/Occupation/Labor Organization*		anization*	Form (Cash, Check, etc.)
501 W 2nd Ave	Assistant Professor / Ohio State University		ate University	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	02/20/2019	\$15.00
Full Name of Contributor Registration Number				if PAC
Lynn Friedman				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2971 White Bark Place	Not Applicable / Not Applicable		Credit	
City	State	Zip Code	Date	Amount
Columbus	ОН		02/20/2019	\$10.00
Full Name of Contributor	Registration Number		if PAC	
Ellie Inglesi				
Street Address	Employer/Occupation/Labor Organization*		anization*	Form (Cash, Check, etc.)
549 Bradley St.	Registered Nurse / Riverside Methodist Hospital		Methodist Hospital	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	02/20/2019	\$15.00
Full Name of Contributor			Registration Number,	if PAC
Michelle Kaiser				
Street Address	Employer/Occupation/Labor Organization*		ganization*	Form (Cash, Check, etc.)
878 W Rich St	Professor / OSU			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43222	02/21/2019	\$25.00
Full Name of Contributor	<u> </u>	-	Registration Number,	if PAC
Alexa Hanna				
Street Address	Employer/Occupation/Labor Organization*		ganization*	Form (Cash, Check, etc.)
295 tappan st Apt A	Design Researcher / McDougald Research		Credit	
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	02/21/2019	\$15.00

Page Total: \$105.00

^{*} 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)]