

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Jonathan Beard			Registration Number, if PAC	
Street Address 1815 Franklin Park South	Employer/Occupation/Labor Organization* Real estate/consulting / Self		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43205	Date 01/11/2018	Amount \$10.00
Full Name of Contributor Lynn Friedman			Registration Number, if PAC	
Street Address 2971 White Bark Place	Employer/Occupation/Labor Organization* none / none		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43205	Date 01/11/2018	Amount \$20.00
Full Name of Contributor Patrick Deering			Registration Number, if PAC	
Street Address 65 S Douglass St	Employer/Occupation/Labor Organization* Sr. Analyst / Nationwide Mutual Insurance Co		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43205	Date 01/11/2018	Amount \$10.00
Full Name of Contributor Lisa Yashon			Registration Number, if PAC	
Street Address 232 Neilston Street	Employer/Occupation/Labor Organization* GM / Areaware		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 01/11/2018	Amount \$100.00
Full Name of Contributor Deanna Ayres			Registration Number, if PAC	
Street Address 2101 Brookhurst Ave	Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43229	Date 01/12/2018	Amount \$10.00
Full Name of Contributor Anita Waters			Registration Number, if PAC	
Street Address 148 N. Merkle Road	Employer/Occupation/Labor Organization* Professor / Denison University		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43209	Date 01/13/2018	Amount \$20.00
Full Name of Contributor Tabitha Woodruff			Registration Number, if PAC	
Street Address 1826 N Star Rd Apt S	Employer/Occupation/Labor Organization* Attorney / Legal Aid Society of Columbus		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43212	Date 01/15/2018	Amount \$10.00
Full Name of Contributor Charles Lynd			Registration Number, if PAC	
Street Address 1401 Curve Rd	Employer/Occupation/Labor Organization* none / none		Form (Cash, Check, etc.) Credit	
City Delaware	State OH	Zip Code 43015	Date 01/19/2018	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)]

Page Total: \$190.00