

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Calvin Fisher			Registration Number, if PAC	
Street Address 4461 Collier Dr		Employer/Occupation/Labor Organization* Driver / Nationwide Children's Hospital		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43230	Date 09/28/2017	Amount \$10.00
Full Name of Contributor Carol Rini			Registration Number, if PAC	
Street Address 997 Perry St		Employer/Occupation/Labor Organization* Marketing copywriter / McGohan Brabender		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43201	Date 10/18/2017	Amount \$50.00
Full Name of Contributor Carolyn Carter			Registration Number, if PAC	
Street Address 5995 Sedgwick Rd.		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	Date 09/01/2017	Amount \$20.00
Full Name of Contributor Carolyn Carter			Registration Number, if PAC	
Street Address 5995 Sedgwick Rd.		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	Date 09/27/2017	Amount \$250.00
Full Name of Contributor Carolyn N Rosenstein			Registration Number, if PAC	
Street Address 2194 Century Hill		Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit
City Los Angeles	State CA	Zip Code 90067	Date 10/12/2017	Amount \$25.00
Full Name of Contributor Carrie Coisman			Registration Number, if PAC	
Street Address 374 E Tompkins St Apartment 6		Employer/Occupation/Labor Organization* Server / The Crest on Parsons		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 10/03/2017	Amount \$5.00
Full Name of Contributor Cassandra Young			Registration Number, if PAC	
Street Address 581 Bradley st.		Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43201	Date 10/03/2017	Amount \$20.00
Full Name of Contributor Cathy Levine			Registration Number, if PAC	
Street Address 908 Grandon Avenue		Employer/Occupation/Labor Organization* Not employed / Not employed		Form (Cash, Check, etc.) Credit
City Bexley	State OH	Zip Code 43209	Date 10/09/2017	Amount \$500.00

* 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