

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Joe Pleuss			Registration Number, if PAC	
Street Address 2440 Glenmawr Ave		Employer/Occupation/Labor Organization* Advocate / OhioHealth		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 11/23/2019	Amount \$10.00
Full Name of Contributor Deborah Crawford			Registration Number, if PAC	
Street Address 33 Glencoe Rd.		Employer/Occupation/Labor Organization* Grant writing consultant / Deborah Crawford		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 11/23/2019	Amount \$20.00
Full Name of Contributor Kenneth Myers			Registration Number, if PAC	
Street Address 43 E Kelso Rd		Employer/Occupation/Labor Organization* Not Applicable / Not Applicable		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 11/24/2019	Amount \$15.00
Full Name of Contributor Puja Datta			Registration Number, if PAC	
Street Address 2305 Meadow village drive		Employer/Occupation/Labor Organization* Political Organizer / Working Families Party		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43235	Date 11/24/2019	Amount \$10.00
Full Name of Contributor Duane Casares			Registration Number, if PAC	
Street Address 112 Aldrich Rd		Employer/Occupation/Labor Organization* CEO / Directions for Youth & Families		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 11/24/2019	Amount \$50.00
Full Name of Contributor Benjamin Kile			Registration Number, if PAC	
Street Address 874 Dennison Ave		Employer/Occupation/Labor Organization* Business Analyst / ICC		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43215	Date 11/24/2019	Amount \$25.00
Full Name of Contributor Martin Brown			Registration Number, if PAC	
Street Address 162 E 2nd Ave		Employer/Occupation/Labor Organization* Office Specialist / OhioHealth		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43201	Date 11/25/2019	Amount \$10.00
Full Name of Contributor Bryce Sampson			Registration Number, if PAC	
Street Address 245 West 4th Avenue Apt. 3		Employer/Occupation/Labor Organization* Manager / Dempsey's		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43201	Date 11/25/2019	Amount \$5.00

* 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)]