Page

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			
Douglas Todd						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2343 Hardesty Ct.	Retired / Retired			Check		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43202	09/25/2017	\$50.00		
Full Name of Contributor		Registration Number, if PAC				
Adam Bulizak						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
178 E. Longview Ave	Dean / Hondros College of Nursing			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43202	09/03/2017	\$10.00		
Full Name of Contributor			Registration Number, i	f PAC		
Adam Parsons						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
370 E. Morrill Ave. None	Systems Specialist / Ohio State University			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43207	09/08/2017	\$ 10.00		
Full Name of Contributor	•••		Registration Number, i	f PAC		
Adam Lignell						
Street Address Employer/Occupation/Labor Or			ization*	Form (Cash, Check, etc.)		
4217 Harvard Rd	Sales Associate / Office Depot			Credit		
City	State	Zip Code	Date	Amount		
Lawrence	KS	66049	09/12/2017	\$ 10.00		
Full Name of Contributor	Registration Number, if PAC					
Adam Parsons						
Street Address	Employer/Occupation/Labor Organizati			Form (Cash, Check, etc.)		
370 E. Morrill Ave.	Systems Specialist / Ohio State University			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43207	09/29/2017	\$ 10.00		
Full Name of Contributor				Registration Number, if PAC		
Adam Bulizak						
Street Address	Employer/	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)		
178 E. Longview Ave	Dean / Hondros College of Nursing			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43202	10/03/2017	\$ 10.00		
Full Name of Contributor			Registration Number, i	f PAC		
Adam Parsons						
Street Address	Employer/	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)		
370 E. Morrill Ave. None	Systems Specialist / Ohio State Univers			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43207	10/08/2017	\$10.00		
Full Name of Contributor		Registration Number, i	f PAC			
Adam Bulizak						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
178 E. Longview Avenue	Dean / Hondros College of Nursing			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43202	10/14/2017	\$100.00		

Page Total: \$210.00

^{*} 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)]