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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	Name of Contributor Registration Nut		Registration Numb	nber, if PAC		
Mary McCleery						
Street Address	Employe	er/Occupation/Labor Or	rganization*	Form (Cash, Check, etc.)		
2313 Eastcleft Dr	adminis	nistrative assoc / Ohio State Cree		Credit		
City	State	Zip Code	Date	Amount		
Upper Arlington	ОН	43221	10/12/2017	\$25.00		
Full Name of Contributor	Name of Contributor Regis		Registration Numb	er, if PAC		
Mary McCleery						
Street Address		er/Occupation/Labor Or				
2313 Eastcleft Dr	adminis	strative assoc / Ohio	State Credit			
City	State	Zip Code	Date	Amount		
Upper Arlington	ОН	43221	10/16/2017	\$23.00		
Full Name of Contributor			Registration Numb	Registration Number, if PAC		
Marya DeBlasi	asi					
Street Address		er/Occupation/Labor Or	_	Form (Cash, Check, etc.)		
3005 Kenlawn St	Student	Services Specialist	/ CSCC	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43224	09/10/2017	\$10.00		
Full Name of Contributor			Registration Numb	er, if PAC		
Marya DeBlasi			L			
Street Address	1 ' '	er/Occupation/Labor Or	ŭ	Form (Cash, Check, etc.)		
3005 Kenlawn St		Services Specialist	/ CSCC	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43224	10/10/2017	\$10.00		
Full Name of Contributor Registration Numb				er, if PAC		
Meghan Dulaney						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
705 Basswood Rd		ller / Cannot say	 	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43207	09/22/2017	\$20.00		
ull Name of Contributor Registration Number, if PAC						
Michael Daull						
Street Address	Employer/Occupation/Labor Organization* Payroll Specialist / Several staffing agencies					
629 E 11th Ave				Credit		
City	State	Zip Code	Date	Amount		
Columbus	OH	43211	09/17/2017	\$5.00		
Il Name of Contributor Registration Numb			er, if PAC			
Michael Nau	1. ,	· / / / / / / / / / / / / / / / / / / /				
Street Address		er/Occupation/Labor Or	rganization*	Form (Cash, Check, etc.)		
728 Euclaire		cher / OSU Zip Code	Пъ.	Credit		
Calvanhar	State	·	Date	Amount		
Columbus Full Name of Contributor	ОН	43209	09/30/2017	\$10.00		
			Registration Number	er, if PAC		
Michael Daull Street Address	Templans	er/Occupation/Labor Or				
629 E 11th Ave	1 ' '	Specialist / Several s	· ·	Form (Cash, Check, etc.)		
City	State	Zip Code	Date	Credit Amount		
Columbus	OH	43211	10/05/2017	\$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)]