

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Erik Straub			Registration Number, if PAC	
Street Address 1719 Alpine Ave	Employer/Occupation/Labor Organization* Salesperson / Kickfurther		Form (Cash, Check, etc.) Credit	
City Boulder	State CO	Zip Code 80304	Date 12/15/2017	Amount \$25.00
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 12/19/2017	Amount \$10.00
Full Name of Contributor Leah Bevis			Registration Number, if PAC	
Street Address 1355 Neil Ave	Employer/Occupation/Labor Organization* Professor / Ohio State University		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 12/19/2017	Amount \$5.00
Full Name of Contributor Amy Harkins			Registration Number, if PAC	
Street Address 56 E Kanawha Ave	Employer/Occupation/Labor Organization* Business Development Director / Employment Enterprises		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 12/20/2017	Amount \$10.00
Full Name of Contributor Jennifer Sinnott			Registration Number, if PAC	
Street Address 20 E Hubbard Ave Apt 409	Employer/Occupation/Labor Organization* Assistant Professor / Ohio State University		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 12/24/2017	Amount \$10.00
Full Name of Contributor Mark Shanahan			Registration Number, if PAC	
Street Address 3192 Morningside Drive	Employer/Occupation/Labor Organization* Consultant / New Morning Energy LLC		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 12/26/2017	Amount \$50.00
Full Name of Contributor Alaina McCleery			Registration Number, if PAC	
Street Address 874 Dennison Ave	Employer/Occupation/Labor Organization* Development associate / Ohio environmental council		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 12/28/2017	Amount \$5.00
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 12/28/2017	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)]