

Statement of Contributions Received
Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
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 05/25/2018	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 EnergyLLC		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 05/26/2018	Amount \$50.00
Full Name of Contributor Marla Davis			Registration Number, if PAC	
Street Address 80 E Lakeview Ave	Employer/Occupation/Labor Organization* Occupational Therapist / Encore Rehab		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 05/26/2018	Amount \$15.00
Full Name of Contributor Alexis Mitchell			Registration Number, if PAC	
Street Address 4190 Woodville Dr.	Employer/Occupation/Labor Organization* admin assistant / Oxford Realty		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43230	Date 05/26/2018	Amount \$5.00
Full Name of Contributor Abby Vaile			Registration Number, if PAC	
Street Address 433 Fairlawn Dr	Employer/Occupation/Labor Organization* Teacher / Columbus Public Schools		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 05/26/2018	Amount \$27.00
Full Name of Contributor Debra Massey-Norton			Registration Number, if PAC	
Street Address 186 Kenmore Ct.	Employer/Occupation/Labor Organization* Retired / Retired		Form (Cash, Check, etc.) Credit	
City Westerville	State OH	Zip Code 43081	Date 05/26/2018	Amount \$27.00
Full Name of Contributor GENE WIDBY			Registration Number, if PAC	
Street Address 251 EAST BLAKE AVE	Employer/Occupation/Labor Organization* self / self		Form (Cash, Check, etc.) Credit	
City COLUMBUS	State OH	Zip Code 43202	Date 05/27/2018	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 05/28/2018	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)]