

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Kevin Truitt			Registration Number, if PAC	
Street Address 199 W. Third Ave.		Employer/Occupation/Labor Organization* DRO - Attorney		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43201	Date 05/25/2017	Amount \$10.00
Full Name of Contributor Mark Shanahan			Registration Number, if PAC	
Street Address 3192 Morningside Drive		Employer/Occupation/Labor Organization* New Morning Energy LLC - Consultant		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 05/26/2017	Amount \$30.00
Full Name of Contributor Alaina McCleer			Registration Number, if PAC	
Street Address 874 Darrison Ave		Employer/Occupation/Labor Organization* Ohio Environmental Council - Development associate		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43215	Date 05/28/2017	Amount \$5.00
Full Name of Contributor Calvin Fisher			Registration Number, if PAC	
Street Address 4461 Collier Dr		Employer/Occupation/Labor Organization* Nationwide Children's Hospital - Driver		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43230	Date 05/28/2017	Amount \$10.00
Full Name of Contributor Michael Hartsch			Registration Number, if PAC	
Street Address 3248 Indiana Ave		Employer/Occupation/Labor Organization* AMCI - Data Analyst		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 05/29/2017	Amount \$50.00
Full Name of Contributor Michel Cozans			Registration Number, if PAC	
Street Address 3920 Orange Blossom Lane		Employer/Occupation/Labor Organization* Target Stores Inc. / line worker		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43230	Date 05/30/2017	Amount \$10.00
Full Name of Contributor Jesse Hemminger			Registration Number, if PAC	
Street Address 264 Cliffside dr		Employer/Occupation/Labor Organization* Resource Amintion - Computer Programmer		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43202	Date 05/30/2017	Amount \$25.00
Full Name of Contributor Dina Maronna			Registration Number, if PAC	
Street Address 3743 Orienting, Blvd		Employer/Occupation/Labor Organization* HealthEdge - Technical Writer		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43214	Date 05/31/2017	Amount \$10.00

* Required for contributions from individuals other than state-wide and general assembly candidates. If contributor is self-employed, list the occupation and the name of the individual's business. If any, name of non-employer should be listed. If two or more employees contribute by payroll deduction, and entered the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.09(B)(4)]