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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	Registration Number,	Registration Number, if PAC				
Anita Waters		<u> </u>				
Street Address	Employ	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
148 N. Merkle Road	Professor / Denison Univers		rsity	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43209	10/24/2017	\$100.00		
Full Name of Contributor			Registration Number,	Registration Number, if PAC		
Mark Shanahan						
Street Address	t Address Employer/Occupation/Labor		Organization*	Form (Cash, Check, etc.)		
3192 Morningside Drive	Consultant / New Morning Ene		g EnergyLLC	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43202	10/26/2017	\$50.00		
Full Name of Contributor			Registration Number,	if PAC		
Gayle Tenenbaum						
Street Address	Employ	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
164 N Harding Road	Social '	Worker / Channing	& Associates	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43209	10/26/2017	\$50.00		
Full Name of Contributor	<u>I</u> -		Registration Number,	if PAC		
Jennifer Sinnott						
Street Address	Employ.	er/Occupation/Labor (	Organization*	Form (Cash, Check, etc.)		
20 East Hubbard Avenue #409			State University	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43215	10/26/2017	\$50.00		
Full Name of Contributor			Registration Number,	if PAC		
Isaiah St. John						
Street Address				Form (Cash, Check, etc.)		
90 E 8th Ave Apt 3	Server / Spaghetti Warehouse		use	Credit_		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43201	10/27/2017	<b>\$</b> 5.00		
Full Name of Contributor	<u> </u>	<u> </u>	Registration Number,	Registration Number, if PAC		
Alaina McCleery						
Street Address			Organization*	Form (Cash, Check, etc.)		
874 Dennison Ave			Ohio environmental council	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43215	10/28/2017	\$5.00		
Full Name of Contributor	<u></u>		Registration Number,	if PAC		
Calvin Fisher						
Street Address				Form (Cash, Check, etc.)		
4461 Collier Dr	Driver	/ Nationwide Childr	ren's Hospital	Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43230	10/28/2017	\$10.00		
Full Name of Contributor			Registration Number,	if PAC		
Peter Plantinga						
Street Address				Form (Cash, Check, etc.)		
397 Eldridge Avenue	Graduate Teaching Assistant / the Ohio State University			Credit		
City	State	Zip Code	Date	Amount		
Columbus	OII	42202	10/28/2017	£25.00		

Page Total: \$295.00

<sup>\*</sup> 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)]