Page	1	•

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Yes We Can Columbus						
Full Name of Contributor Reg		Registration Number,	Registration Number, if PAC			
Calvin Fisher						
Street Address	1	loyer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
4461 Collier Dr			ionwide Children's Hospital Credit			
City	State	Zip Code	Date	Amount		
Columbus	ОН	43230	02/28/2018	\$10.00		
Full Name of Contributor	if PAC					
Madeline Stocker						
Street Address			Form (Cash, Check, etc.)			
824 Sullivant Ave		nt / Yes We Can Col	Can Columbus Credit			
City	State	Zip Code	Date	Amount		
Columbus	OH	43223	02/28/2018	\$15.00		
Full Name of Contributor	Registration Numb		Registration Number,	per, if PAC		
Michel Coconis		 	<u></u>			
Street Address	Employer	Occupation/Labor Orga	anization*	zation* Form (Cash, Check, etc.)		
3920 Orange Blossom Lane	line work	ker / Target Stores Inc	Inc. Credit			
City	State	Zip Code	Date	Amount		
Columbus	ОН	43230	02/28/2018	\$10.00		
Full Name of Contributor		***************************************	Registration Number,	if PAC		
Michael Nau						
Street Address	Employer	Occupation/Labor Orga	Organization* Form (Cash, Check, etc.)			
728 Euclaire	Research	ner / OSU	Credit			
City	State	Zip Code	Date	Amount		
Columbus	ОН	43209	02/28/2018	\$10.00		
Full Name of Contributor Registration Numb						
Benjamin Tannenwald						
Street Address	Employer/Occupation/Labor Organization*		anization*	Form (Cash, Check, etc.)		
986 Rear Pennsylvania Avenue	Physicist	:/OSU	Credit			
City	State	Zip Code	Date	Amount		
Columbus	ОН	43201	02/28/2018	\$8.88		
Full Name of Contributor	<u></u>		Registration Number, if PAC			
Madeline Stocker						
Street Address	Employer/Occupation/Labor Or		or Organization* Form (Cash, Check, etc.)			
824 Sullivant Ave	Consulta	nt / YWC		Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43223	02/28/2018	\$2.22		
Full Name of Contributor			Registration Number,	per, if PAC		
Alison Grover						
Street Address	Employer	Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)		
95 Foxcroft Road	Physician / Masonicare			Credit		
City	State	Zip Code	Date	Amount		
West Hartford	СТ	6119	02/28/2018	\$10.00		
Full Name of Contributor	Registration Number, if PAC		if PAC			
Ralph Stocker				·		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.		Form (Cash, Check, etc.)			
380 Broad St	1	Not Employed / Not Employed Credit		Credit		
City	State	Zip Code	Date	Amount		
Windsor	CT	6095	03/01/2018	\$10.00		

Page Total: \$76.10

^{*} 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)]