Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Yes We Can Columbus									
Name of Contributor			Registration Number, if PA				C		
Kurt Bateman									
Street Address	Employer/Occupat					Form (Cash, Check, etc.)			
498 Enfield Rd	Retired	Retired					Cash		
City	State 2	Zip Code	M	D	Y	•	Amount		
Columbus	ОН	43209	lol	6 21	9 1	6	100.00		
Full Name of Contributor		_		tration N		_			
Kathleen Gmeiner									
Street Address	Employer/Occupat	ion/Labor Organization*					Form (Cash, Check, etc.)		
463 Hinman Ave					Credit Card				
City	State	Zip Code	M	q	TY	1	Amount		
Columbus	о н	43207		7 1	$_{2} _{1}$	6	50.00		
Full Name of Contributor		10107		tration N		_			
Mark Shanahan									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
3192 Morningside Dr.	New Morning Energy						Credit Card		
City		Zip Code	ТМ	To	TY	1	Amount		
Columbus	ОН	43202	ol		3 1	6	150.00		
Full Name of Contributor		43202		tration N	_	_			
Doug Todd			1				•		
Street Address	Employer/Occupat	ion/Labor Organization*					Form (Cash, Check, etc.)		
	спрозоповершном отданации						Credit Card		
2343 Hardesty Ct.	State	Zip Code	M	D	TY	•	Amount		
Columbus	O H	43204	0			1	25.00		
Full Name of Contributor	[0 ; 11]	43204		/ I I I		6			
Pull Name of Contributor			negis	a adom 14	umber,	0 - 7			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
Sileet Address	Employenoccupat	JOHE LADOR Organization					tomi (Casi, Creck, etc.)		
City	State	Zip Code	M	1 1	т.	<u>. </u>	Amount		
City	;	Zip Code	"]	4	'		Anount		
Full Name of Contributor			Socie	tration N	umbar	}]	<u> </u>		
Full Name of Contributor			negis	MAUOII N	umoer,	H FA			
Street Address	Employor#Occupat	ion/Labor Organization*				-	Form (Cash, Check, etc.)		
Street Address	Address					Tom (Cash, Cricch, etc.)			
Ca.	Store I	Zip Code	M	1 6		4	Amount		
City	State	zip code	**		'		Amodin		
T. H. Marrier and Company and			Poois	tration N	umbor	if DA	C		
Full Name of Contributor					Registration Number, if PAC				
	Is	in Anton Orania siant				-	Form (Cash, Check, etc.)		
Street Address	ation/Labor Organization*				roini (Casil, Gleck, etc.)				
	0.00	7: Cada	34.4	1 6	1 3	_	Amount		
City	State :	Zip Code	M	4	'		Amount		
5					Registration Number, if PAC				
Full Name of Contributor			Hegis	M noustra	umber,	u PA			
	Employer/Occupation/Labor Organization*						Form (Cosh, Chester -1-3		
Street Address							Form (Cash, Check, etc.)		
			1		1 .				
City	State :	Zip Code	M	9	Ι,	1	Amount		
] {					

Page Total \$ 325.00

^{*} 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 appear. [R.C. 3517.10(8)(4)]