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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, if PAC			
Rodney Wollam						
Street Address	Employer	/Occupation/Labor Orga	nnization*	Form (Cash, Check, etc.)		
1479 Devonhurst Dr	disabled veteran / none			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43232	11/01/2017	\$29.95		
Full Name of Contributor			Registration Number, if PAC			
Susan Mullings						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
435 South Ogden Avenue	Social Worker / Netcare			Credit		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43204	11/01/2017	\$25.00		
Full Name of Contributor	-		Registration Number,	if PAC		
Thomas Lee						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2261 Indiana Ave	Self / Consultant			Cash		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43202	11/02/2017	\$20.00		
Full Name of Contributor			Registration Number,	if PAC		
Mark Allison						
Street Address	Employer/Occupation/Labor Org			Form (Cash, Check, etc.)		
815 Eddystone Ave	Information Technology / Ohio Education			Credit		
	Association			<u> </u>		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43224	11/02/2017	\$27.00		
Full Name of Contributor			Registration Number, if PAC			
Sarah Lukowski	T	70 - 1 - 1 - 1 - 0		I. (0.1.0)		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
365 W 6th Ave Apt H	Student / The Ohio State University			Credit		
City	State	Zip Code	Date	Amount		
Columbus Full Name of Contributor	ОН	43201	11/02/2017	\$27.00		
Full Name of Contributor Registration Number, if PAC						
David Kellough						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
386 E 12th Ave	Image Analysis Technician / OSUMC		T	Check		
Columbus	State	Zip Code	Date	Amount		
Columbus Full Name of Contributor	ОН	43201	11/02/2017	\$100.00		
Full Name of Contributor	Registration Number,	if PAC				
Ayres for Columbus		5 (O.1 (Ch.1)				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2101 Brookhurst Ave.	C4-40	Zip Code	T _S .	Check		
City	State	· ·	Date	Amount		
Columbus	ОН	43229	11/02/2017	\$600.00		
Full Name of Contributor			Registration Number,	if PAC		
Farrell Brody	T Fplayer	(Cti/I abor Orus	* ***	ti (O-1- Ob-at)		
Street Address	Employer/Occupation/Labor Organization* Not employed / Not employed			Form (Cash, Check, etc.)		
103 W. California Ave.	State	Zip Code	Date	Credit Amount		
Columbus	OH	Zip couc	11/02/2017	\$5.00		

Page Total: \$833.95

^{*} 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)]