Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Yes We Can Columbus			Registration Number, if PAC	
Full Name of Contributor			Registration Number	r, if PAC
Amy Harkins Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
56 E Kanawha Ave	Business Development Director / Employment		Credit	
50 E Kahawna Ave	Enterprises		or / Employment	Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43214	02/20/2018	\$10.00
Full Name of Contributor			Registration Number	
Keith Chapman				
Street Address	Employer	/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)
4170 West Jefferson Kiousville Rd		retired / none		Credit
City	State	Zip Code	Date	Amount
London	ОН	43140	02/20/2018	\$5.00
Full Name of Contributor			Registration Number	
Jennifer Sinnott				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
20 E Hubbard Ave Apt 409	Assistant Professor / Ohio State University		Credit	
City	State	Zip Code	Date	Amount
Columbus	ОН	43215	02/24/2018	\$10.00
Full Name of Contributor			Registration Number	
Kenneth Myers	1 -			
Street Address	Employer	/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)
43 E Kelso Rd	Unemployed / Unemployed			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43202	02/24/2018	\$15.00
Full Name of Contributor			Registration Number	
Martin Brown				,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
Street Address	Employer/Occupation/Labor Organi		anization*	Form (Cash, Check, etc.)
162 E 2nd Ave		Office Specialist / OhioHealth		Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43201	02/25/2018	\$10.00
Full Name of Contributor		1222	Registration Number	
Mark Shanahan				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
3192 Morningside Drive		Consultant / New Morning EnergyLLC		Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43202	02/26/2018	\$50.00
Full Name of Contributor		1227	Registration Number	
Marla Davis				
Street Address	Employer	Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)
80 E Lakeview Ave	Occupational Therapist / Encore Rehab			Credit
City	State	Zip Code	Date	Amount
Columbus	ОН	43202	02/26/2018	\$15.00
Full Name of Contributor			Registration Number	
Maryanna Klatt				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
345 Walhalla Rd	professor / OSU			Credit
City	State	Zip Code	Date	Amount
Columbus	OH	43202	02/27/2018	\$200.00

Page Total: \$415.00

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