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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			
Farrell Brody					
Street Address	Employer	r/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
103 W. California Ave.	Not employed / Not employed			Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН		10/03/2017	\$5.00	
Full Name of Contributor	all Name of Contributor		Registration Number, if PAC		
Georgi Grover					
Street Address	Employer/Occupation/Labor Organization*		iization*	Form (Cash, Check, etc.)	
64 Blue Ridge Rd	Front desk / Mountain Top Inn			Credit	
City	State	Zip Code	Date	Amount	
Chittenden	VT	5737	10/02/2017	\$50.00	
Full Name of Contributor	Ri		Registration Number,	Registration Number, if PAC	
Glenn Waring					
Street Address	Employer	/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
2681 Montcalm Rd	Counselor to organizations / Self		lf	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43221	09/24/2017	\$100.00	
Full Name of Contributor			Registration Number,	if PAC	
Hannah Reall					
Street Address	Employer	/Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)	
86 Rosebrook Court	student /	Ohio State University		Credit	
City	State	Zip Code	Date	Amount	
Reynoldsburg	ОН	43068	09/01/2017	\$5.00	
Full Name of Contributor			Registration Number,	if PAC	
Hannah Eigerman					
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)	
299 Piedmont Rd	Not Employed / Not Employed			Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43214	09/01/2017	\$20.00	
Full Name of Contributor	Registration Number, if PAC				
Herman Arnold					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1925 1st Ave	Not employed / Not employed			Credit	
City	State	Zip Code	Date	Amount	
Selma	ΛL	36703	10/04/2017	\$3.00	
Full Name of Contributor	<u></u>	<u></u>	Registration Number, i	if PAC	
Hillary Hopkins					
Street Address	Employer	/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
1285 E Long St	Cafe Manager / One Line Coffee		ee	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43203	09/10/2017	\$50.00	
Full Name of Contributor		<u></u>	Registration Number, i	if PAC	
Hillary Hopkins					
Street Address	Employer	/Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)	
1285 E Long St	Cafe Manager / One Line Coffee			Credit	
City	State	Zip Code	Date	Amount	
C.L. mts.	011	42202	10/10/2017	650.00	

Page Total: \$283.00

^{*} 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)]