

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Adam Parsons			Registration Number, if PAC	
Street Address 691 Frebis Ave	Employer/Occupation/Labor Organization* Systems Specialist / The Ohio State University		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43206	Date 10/16/2017	Amount \$1.00
Full Name of Contributor Alaina McCleery			Registration Number, if PAC	
Street Address 874 Dennison Ave	Employer/Occupation/Labor Organization* Development associate / Ohio environmental council		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 09/28/2017	Amount \$5.00
Full Name of Contributor Alaina McCleery			Registration Number, if PAC	
Street Address 874 Dennison Avenue	Employer/Occupation/Labor Organization* Development Associate / Ohio Environmental Council		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 10/03/2017	Amount \$500.00
Full Name of Contributor Alexander Stigler			Registration Number, if PAC	
Street Address 1803 N 4th Street	Employer/Occupation/Labor Organization* Program Coordinator / Columbus State Community College		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 09/08/2017	Amount \$27.00
Full Name of Contributor Alexander Stigler			Registration Number, if PAC	
Street Address 1803 N 4th Street	Employer/Occupation/Labor Organization* Program Coordinator / Columbus State Community College		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 10/08/2017	Amount \$27.00
Full Name of Contributor Alison Grover			Registration Number, if PAC	
Street Address 95 Foxcroft Road	Employer/Occupation/Labor Organization* Physician / Masonicare		Form (Cash, Check, etc.) Credit	
City West Hartford	State CT	Zip Code 6119	Date 09/19/2017	Amount \$100.00
Full Name of Contributor Alison Paxson			Registration Number, if PAC	
Street Address 2438 Adams Avenue	Employer/Occupation/Labor Organization* Not employed / None		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 09/25/2017	Amount \$15.00
Full Name of Contributor Alison Grover			Registration Number, if PAC	
Street Address 95 Foxcroft Road	Employer/Occupation/Labor Organization* Physician / Masonicare		Form (Cash, Check, etc.) Credit	
City West Hartford	State CT	Zip Code 6119	Date 10/14/2017	Amount \$201.00