## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Contributor   Part	Name of Committee in Full			<del></del>		
Full Name of Contributor	Name of Committee in Full Yes We Can Columbus					
Puja   Datta				Registration Number if PAC		
Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)				Registration Number, in	TAC	
State		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
State	2305 Meadow village drive			amilies Party	Credit	
Full Name of Contributor   Registration Number, if PAC	City				Amount	
Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)	Columbus	OH	43235	03/24/2018	\$10.00	
Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)	Full Name of Contributor			Registration Number, if PAC		
Business Analyst / Mr.   Credit	Benjamin Kile					
State   Zip Code   Date   Amount		Employer/	Occupation/Labor Organ	zation*	Form (Cash, Check, etc.)	
Columbus	874 Dennison Ave				Credit	
Full Name of Contributor Duane Casares    Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)	City		Zip Code	Date	Amount	
Duane Casares   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)		ОН	43215			
Street Address				Registration Number, if PAC		
112 Aldrich Rd					T (0.1.01.1.1.1	
State   Zip Code   Date   Amount						
Columbus   OH   43214   03/24/2018   \$50.00						
Full Name of Contributor Kayla Merchant  Street Address  Top East Kossuth Street  Compliance Manager / DHL Supply Chain Codit  City State  Compliance Manager / DHL Supply Chain Codit  City State  City State  Cip Code Date Amount  Street Address Bemployer/Occupation/Labor Organization* Form (Cash, Check, etc.)  Top Cash, Check, etc.)  Top Cash  Registration Number, if PAC						
Street Address		OH	43214			
Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)		TPAC				
Top East Kossuth Street				zation*	Form (Cosh Check etc.)	
City         State Columbus         Zip Code OH         Date 43206         Amount 315.00           Full Name of Contributor Martin Brown         Registration Number, if PAC           Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           162 E 2nd Ave         Office Specialist / OhioHealth         Credit           City         State Zip Code Date Amount         Date Amount           Columbus         OH 43201 03/25/2018 \$10.00           Full Name of Contributor Mark Shanahan         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           3192 Morningside Drive         Consultant / New Morning Energy LLC         Credit           City         State Zip Code Date Amount         Date Amount           Columbus         OH 43202 03/26/2018 \$50.00           Full Name of Contributor Marla Davis         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           80 E Lakeview Ave         Occupational Therapist / Encore Rehab         Credit           City         State Zip Code Date Amount           Columbus         OH 43202 03/26/2018 \$15.00           Full Name of Contributo					` ' '	
Columbus         OH         43206         03/24/2018         \$15.00           Full Name of Contributor Martin Brown         Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           162 E 2nd Ave         Office Specialist / OhioHealth         Credit           City         State         Zip Code         Date         Amount           Columbus         OH         43201         03/25/2018         \$10.00           Full Name of Contributor         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           City         State         Zip Code         Date         Amount           Columbus         OH         43202         03/26/2018         \$50.00           Full Name of Contributor         Registration Number, if PAC           Maria Davis         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           80 E Lakeview Ave         Occupational Therapist / Encore Rehab         Credit           City         State         Zip Code         Date						
Full Name of Contributor Martin Brown  Street Address Street Address State City State Columbus Street Address Street Address Office Specialist / OhioHealth Credit City State Cip Code OH 43201 O3/25/2018 S10.00  Registration Number, if PAC  Mark Shanahan Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC  Mark Shanahan  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Consultant / New Morning EnergyLLC Credit City State Zip Code Date Amount Columbus OH 43202 03/26/2018 \$50.00  Full Name of Contributor Marla Davis Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC  Marla Davis Street Address Employer/Occupation/Labor Organization* Cocupational Therapist / Encore Rehab Credit City State Zip Code Date Amount Credit City State Zip Code Date Amount Credit Amount Credit State Credit City State Zip Code Date Amount Credit State Credit City State Sip Code Date Amount Columbus Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC State Sip Code Date Amount Credit Credit Credit City Credit	•					
Martin Brown   Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)		OII	43200		<del></del>	
Employer/Occupation/Labor Organization						
162 E 2nd Ave         Office Specialist / OhioHealth         Credit           City         State         Zip Code         Date         Amount           Columbus         OH         43201         03/25/2018         \$10.00           Full Name of Contributor         Registration Number, if PAC           Mark Shanahan         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           3192 Morningside Drive         Consultant / New Morning Energy LLC         Credit           City         State         Zip Code         Date         Amount           Columbus         OH         43202         03/26/2018         \$50.00           Full Name of Contributor         Registration Number, if PAC           Marla Davis         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           80 E Lakeview Ave         Occupational Therapist / Encore Rehab         Credit           City         State         Zip Code         Date         Amount           Columbus         OH         43202         03/26/2018         \$15.00           Full Name of Contributor         Registration Number, if PAC           Alexis Mitchell         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           Street Address         Employ				ization*	Form (Cash, Check, etc.)	
City         State Columbus         Zip Code OH         Date OJ/25/2018         Amount S10.00           Full Name of Contributor Mark Shanahan         Registration Number, if PAC           Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           3192 Morningside Drive         Consultant / New Morning Energy LLC         Credit           City         State         Zip Code         Date         Amount           Columbus         OH         43202         03/26/2018         Form (Cash, Check, etc.)           Marla Davis         Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           80 E Lakeview Ave         Occupational Therapist / Encore Rehab         Credit           City         State         Zip Code         Date         Amount           Columbus         OH         43202         03/26/2018         \$15.00           Full Name of Contributor         Alexis Mitchell           Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)	162 E 2nd Ave	Office Specialist / OhioHealth				
Registration Number, if PAC  Mark Shanahan  Street Address  Street Address  3192 Morningside Drive  Consultant / New Morning EnergyLLC  City  State  Zip Code  Date  Amount  Columbus  OH  43202  03/26/2018  \$50.00  Full Name of Contributor  Marla Davis  Street Address  Street Address  Employer/○ccupation/Labor Organization*  Form (Cash, Check, etc.)  Cocupation/Labor Organization*  Form (Cash, Check, etc.)  Occupation/Labor Organization*  City  State  Zip Code  Date  Amount  Credit  City  State  Zip Code  Oate  Amount  OH  43202  03/26/2018  \$15.00  Full Name of Contributor  Alexis Mitchell  Street Address  Employer/○ccupation/Labor Organization*  Registration Number, if PAC  Registration Number, if PAC  State  Zip Code  Date  Amount  Registration Number, if PAC  Street Address  Employer/○ccupation/Labor Organization*  Registration Number, if PAC  Admin assistant / Oxford Realty  Credit  City  State  Zip Code  Date  Amount  Credit  Credit  City  Credit  City  State  Zip Code  Date  Amount  Credit  Credit  Credit				Date	<del></del>	
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       OH       43202       03/26/2018       \$50.00         Full Name of Contributor       Registration Number, if PAC         Marla Davis       Employer/Occupation/Labor Organization*       Form (Cash, Check, etc.)         80 E Lakeview Ave       Occupational Therapist / Encore Rehab       Credit         City       State       Zip Code       Date       Amount         Columbus       OH       43202       03/26/2018       \$15.00         Full Name of Contributor       Registration Number, if PAC         Alexis Mitchell       Employer/Occupation/Labor Organization*       Form (Cash, Check, etc.)         Street Address       Employer/Occupation/Labor Organization*       Form (Cash, Check, etc.)         4190 Woodville Dr.       admin assistant / Oxford Realty       Credit         City       State       Zip Code       Date       Amount	Columbus	ОН	43201	03/25/2018	\$10.00	
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   OH   43202   03/26/2018   \$50.00    Full Name of Contributor   Registration Number, if PAC    Marla Davis   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)    80 E Lakeview Ave   Occupational Therapist / Encore Rehab   Credit    City   State   Zip Code   Date   Amount    Columbus   OH   43202   03/26/2018   \$15.00    Full Name of Contributor   Registration Number, if PAC    Full Name of Contributor   Registration Number, if PAC    Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)    Alexis Mitchell   Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)    4190 Woodville Dr.   State   Zip Code   Date   Amount    City   State   Zip Code   Date   Amount    Consultant / New Morning EnergyLLC   Credit    Credit   Credit   Credit    Consultant / New Morning EnergyLLC   Credit    Credit   Credit   Credit    Consultant / New Morning EnergyLLC    Consultant / New Morning EnergyLle    Consultant / New Morning    Consultant / New Morning    Consultant / New Morning    Consultant / New Morning    Consultant / New Morning	Full Name of Contributor	R			Registration Number, if PAC	
State   Zip Code   Date   Amount	Mark Shanahan					
City         State         Zip Code         Date         Amount           Columbus         OH         43202         03/26/2018         \$50.00           Full Name of Contributor         Registration Number, if PAC           Marla Davis         Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           80 E Lakeview Ave         Occupational Therapist / Encore Rehab         Credit           City         State         Zip Code         Date         Amount           Columbus         OH         43202         03/26/2018         \$15.00           Full Name of Contributor         Alexis Mitchell           Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           4190 Woodville Dr.         State         Zip Code         Date         Amount           City         State         Zip Code         Date         Amount	Street Address	Employer/	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)	
Columbus  OH 43202  03/26/2018  \$50.00  Registration Number, if PAC  Marla Davis  Street Address  Street Address  Bemployer/Occupation/Labor Organization*  City  State  City  State  Columbus  OH  43202  O3/26/2018  Form (Cash, Check, etc.)  Occupational Therapist / Encore Rehab  Credit  City  State  City  OH  43202  O3/26/2018  \$15.00  Full Name of Contributor  Alexis Mitchell  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Registration Number, if PAC  Alexis Mitchell  Street Address  Employer/Occupation/Labor Organization*  4190 Woodville Dr.  State  Zip Code  Date  Amount  Amount	3192 Morningside Drive	Consultar		rgyLLC	Credit	
Full Name of Contributor  Marla Davis  Street Address  State  City  State  Columbus  OH  43202  O3/26/2018  \$15.00  Full Name of Contributor  Alexis Mitchell  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  4190 Woodville Dr.  State  Zip Code  Date  Amount  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit  Credit	City	State	Zip Code	•	Amount	
Marla Davis  Street Address  Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  80 E Lakeview Ave  Occupational Therapist / Encore Rehab Credit  City State Zip Code Date Amount  Columbus  OH 43202 03/26/2018 \$15.00  Full Name of Contributor Alexis Mitchell  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  4190 Woodville Dr. City State Zip Code Date Amount  Form (Cash, Check, etc.)	Columbus	ОН	43202			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  80 E Lakeview Ave Occupational Therapist / Encore Rehab Credit  City State Zip Code Date Amount  Columbus OH 43202 03/26/2018 \$15.00  Full Name of Contributor  Alexis Mitchell  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  4190 Woodville Dr. admin assistant / Oxford Realty Credit  City State Zip Code Date Amount	<del></del>			Registration Number, i	FPAC	
80 E Lakeview Ave Occupational Therapist / Encore Rehab Credit  City State Zip Code Date Amount  Columbus OH 43202 03/26/2018 \$15.00  Full Name of Contributor  Alexis Mitchell  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  4190 Woodville Dr. State Zip Code Date Amount						
City         State         Zip Code         Date         Amount           Columbus         OH         43202         03/26/2018         \$15.00           Full Name of Contributor         Alexis Mitchell           Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           4190 Woodville Dr.         admin assistant / Oxford Realty         Credit           City         State         Zip Code         Date         Amount	1					
Columbus OH 43202 03/26/2018 \$15.00  Full Name of Contributor Alexis Mitchell  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Admin assistant / Oxford Realty City State Zip Code Date Amount	80 E Lakeview Ave					
Full Name of Contributor  Alexis Mitchell  Street Address  Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  4190 Woodville Dr.  City  State  Zip Code  Date  Amount	City		II.			
Alexis Mitchell  Street Address		ОН	43202		·	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 4190 Woodville Dr. admin assistant / Oxford Realty Credit City State Zip Code Date Amount	" - Table 1 - Ta				I PAC	
4190 Woodville Dr. admin assistant / Oxford Realty Credit City State Zip Code Date Amount						
City State Zip Code Date Amount		1 1	•			
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Page Total: \$180.00

<sup>\*</sup> 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)]