

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

* 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)]