

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Isaiah St. John			Registration Number, if PAC	
Street Address 90 E 8th Ave Apt 3	Employer/Occupation/Labor Organization* Server / Spaghetti Warehouse		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 06/24/2018	Amount \$10.00
Full Name of Contributor Dale Read			Registration Number, if PAC	
Street Address 1198 E Weber	Employer/Occupation/Labor Organization* helpdesk / Mount Carmel Health		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43211	Date 06/24/2018	Amount \$10.00
Full Name of Contributor Martin Brown			Registration Number, if PAC	
Street Address 162 E 2nd Ave	Employer/Occupation/Labor Organization* Office Specialist / OhioHealth		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 06/25/2018	Amount \$10.00
Full Name of Contributor Dasaya Cates			Registration Number, if PAC	
Street Address 8625 CROOKED MAPLE DRIVE	Employer/Occupation/Labor Organization* Project manager / Nationwide Insurance		Form (Cash, Check, etc.) Credit	
City BLACKLICK	State OH	Zip Code 43004	Date 06/25/2018	Amount \$10.00
Full Name of Contributor Karyn Deibel			Registration Number, if PAC	
Street Address 166 W Como Ave	Employer/Occupation/Labor Organization* Trager Practitioner / Self		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 06/25/2018	Amount \$25.00
Full Name of Contributor Mark Shanahan			Registration Number, if PAC	
Street Address 3192 Morningside Drive	Employer/Occupation/Labor Organization* Consultant / New Morning EnergyLLC		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 06/26/2018	Amount \$50.00
Full Name of Contributor Marla Davis			Registration Number, if PAC	
Street Address 80 E Lakeview Ave	Employer/Occupation/Labor Organization* Occupational Therapist / Encore Rehab		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 06/26/2018	Amount \$15.00
Full Name of Contributor Alexis Mitchell			Registration Number, if PAC	
Street Address 4190 Woodville Dr.	Employer/Occupation/Labor Organization* admin assistant / Oxford Realty		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43230	Date 06/26/2018	Amount \$5.00

* 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)]