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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		
Margaret Lee					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7 Oglethorpe Professional Boulevard	Social worker / Self			Credit	
City	State	Zip Code	Date	Amount	
Savannah	GA	31406	10/31/2017	\$100.00	
Full Name of Contributor	Registration Number, if PAC				
Steven Lopez			<u> </u>		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1089 Sedgwick Court	sociologist / OSU			Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43235	10/31/2017	\$25.00	
Full Name of Contributor Registration Numb				fPAC	
Rodney Wollam					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1479 Devonhurst Dr	disabled	veteran / none	- 	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43232	11/01/2017	\$29.95	
Full Name of Contributor Registration Number				f PAC	
N/A					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
N/A	N/A			N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor Registration Numb				f PAC	
N/A N/A					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
N/A	N/A			N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor Registration Number				f PAC	
N/A N/A					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
N/A	N/A			N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor	Registration N			f PAC	
N/A N/A					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
N/A	N/A		- <u> </u>	N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor Registration 1				f PAC	
N/A N/A					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
N/A	N/A			N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	

^{*} 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)]