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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		
Jennifer Sinnott				·	
Street Address	Employe	er/Occupation/Labor Orga	;anization*	Form (Cash, Check, etc.)	
20 E Hubbard Ave Apt 409	Assistant Professor / Ohio State University		ate University	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43215	11/24/2017	\$10.00	
Full Name of Contributor			Registration Number, i	if PAC	
Mark Shanahan			<u> </u>		
Street Address	Employe	er/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)	
3192 Morningside Drive	Consult	tant / New Morning En	nergyLLC	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43202	11/26/2017	\$50.00	
Full Name of Contributor			Registration Number, i	if PAC	
Alaina McCleery					
Street Address	Employe	er/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)	
874 Dennison Ave	Development associate / Ohio environmental council		Credit		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43215	11/28/2017	\$5.00	
Full Name of Contributor			Registration Number, i	if PAC	
Calvin Fisher					
Street Address	Employe	er/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)	
4461 Collier Dr	Driver /	/ Nationwide Children'	's Hospital	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43230	11/28/2017	\$10.00	
Full Name of Contributor			Registration Number, i	if PAC	
Michel Coconis					
Street Address	Employe	er/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)	
3920 Orange Blossom Lane	line wo	rker / Target Stores Inc	c	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43230	11/30/2017	\$10.00	
Full Name of Contributor	Registration Number, if PAC		if PAC		
Michael Nau					
Street Address	Employer/Occupation/Labor Organization*		anization*	Form (Cash, Check, etc.)	
728 Euclaire	Researcher / OSU			Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43209	11/30/2017	\$10.00	
Full Name of Contributor			Registration Number, i	if PAC	
Sarah Lukowski					
Street Address	Employe	er/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)	
365 W 6th Ave Apt H	Student	t / The Ohio State Univ	ve <u>rsity</u>	Credit	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43201	12/02/2017	\$27 .00	
Full Name of Contributor			Registration Number, i	if PAC	
Farrell Brody					
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
103 W. California Ave.	Not em	ployed / Not employed	d	Credit	
City	State	Zip Code	Date	Amount	
Columbus	LOH	1	12/03/2017	\$5.00	

Page Total: \$127.00

^{*} 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)]