

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Amy Harkins			Registration Number, if PAC	
Street Address 56 E Kanawha Ave	Employer/Occupation/Labor Organization* Business Development Director / Employment Enterprises		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 01/20/2018	Amount \$10.00
Full Name of Contributor Emmy Beach			Registration Number, if PAC	
Street Address 752 Drummond Ct.	Employer/Occupation/Labor Organization* Public Relations Manager / Ohio History Connection		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43214	Date 01/23/2018	Amount \$10.00
Full Name of Contributor Jennifer Sinnott			Registration Number, if PAC	
Street Address 20 E Hubbard Ave Apt 409	Employer/Occupation/Labor Organization* Assistant Professor / Ohio State University		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 01/24/2018	Amount \$10.00
Full Name of Contributor Kenneth Myers			Registration Number, if PAC	
Street Address 43 E Kelso Rd	Employer/Occupation/Labor Organization* Unemployed / Unemployed		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43202	Date 01/24/2018	Amount \$15.00
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 01/25/2018	Amount \$10.00
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 01/26/2018	Amount \$50.00
Full Name of Contributor Therese Rajasekera			Registration Number, if PAC	
Street Address 6479 Lake Mathias Drive	Employer/Occupation/Labor Organization* Student/Research Assistant / OSU Wexner Medical Center		Form (Cash, Check, etc.) Credit	
City New Albany	State OH	Zip Code 43054	Date 01/27/2018	Amount \$5.00
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 01/28/2018	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)]