

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Anita Waters			Registration Number, if PAC	
Street Address 148 N. Merkle Road		Employer/Occupation/Labor Organization* Professor / Denison University		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43209	Date 10/24/2017	Amount \$100.00
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 10/26/2017	Amount \$50.00
Full Name of Contributor Gayle Tenenbaum			Registration Number, if PAC	
Street Address 164 N Harding Road		Employer/Occupation/Labor Organization* Social Worker / Channing & Associates		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43209	Date 10/26/2017	Amount \$50.00
Full Name of Contributor Jennifer Sinnott			Registration Number, if PAC	
Street Address 20 East Hubbard Avenue #409		Employer/Occupation/Labor Organization* Assistant Professor / Ohio State University		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43215	Date 10/26/2017	Amount \$50.00
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 10/27/2017	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 10/28/2017	Amount \$5.00
Full Name of Contributor Calvin Fisher			Registration Number, if PAC	
Street Address 4461 Collier Dr		Employer/Occupation/Labor Organization* Driver / Nationwide Children's Hospital		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43230	Date 10/28/2017	Amount \$10.00
Full Name of Contributor Peter Plantinga			Registration Number, if PAC	
Street Address 397 Eldridge Avenue		Employer/Occupation/Labor Organization* Graduate Teaching Assistant / the Ohio State University		Form (Cash, Check, etc.) Credit
City Columbus	State OH	Zip Code 43203	Date 10/28/2017	Amount \$25.00

* 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)]