

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Yes We Can Columbus</b>						
Full Name of Contributor <b>Kurt Bateman</b>				Registration Number, if PAC		
Street Address <b>498 Enfield Rd</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>0 6</b>	D <b>2 9</b>	Y <b>1 6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Kathleen Gmeiner</b>				Registration Number, if PAC		
Street Address <b>463 Hinman Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43207</b>	M <b>0 7</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Mark Shanahan</b>				Registration Number, if PAC		
Street Address <b>3192 Morningside Dr.</b>		Employer/Occupation/Labor Organization* <b>New Morning Energy</b>			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43202</b>	M <b>0 7</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>150.00</b>
Full Name of Contributor <b>Doug Todd</b>				Registration Number, if PAC		
Street Address <b>2343 Hardesty Ct.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43204</b>	M <b>0 7</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>25.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
	:					
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
	:					
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
	:					
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
	:					

\* 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 appear. (R.C. 3517.10(B)(4))