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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·			_	_			
Full Name of Contributor	Friends for Kiwan Lawson			Registration Number, if PAC						
				1402304		,	•			
Elle Hearns	le i «		: 0 .h . O			_		Form (Cash, Check, etc.)		
Street Address			tion/Labor Organization*	,				,		
306 Barkley Place East	GetE		/Central Region C					Credit Card		
City	State		Zip Code	M	D		Υ _	Amount		
Columbus	0	Н	43213		11			100.00		
Full Name of Contributor			·	Registr	ation Nu	mber,	if PAG	C		
Dontavius Jarrells										
Street Address	Employer/C	Decupa:	tion/Labor Organization*					Form (Cash, Check, etc.)		
521 Sawver Bivd, Apt 1010	Ohio	Ass	soc of Co Behaviora	al He	alth	Au	th	h Credit Card		
City	State		Zip Code	М	Ð		Y	Amount		
	101		43203	013	21	g 1	15	30.00		
Columbus			40400							
Full Name of Contributor Registration Number, if PAC										
	[F](f	· · · · · · ·	view# shor Organization*		-			Form (Cash, Check, etc.)		
Street Address	Employer/C	эссира	tion/Labor Organization*					Tom (Casi, Cites, Cit.)		
						-				
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Full Name of Contributor				Registr	ation N	unber.	if PA	c		
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Street Address	Employer/0	Оссира	tion/Labor Organization*		-			Form (Cash, Check, etc.)		
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		_	<u></u>	Registr	ation N	mber	if PA	C.		
Full Name of Contributor										
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Full Name of Contributor			<u> </u>	Regist	ation N	umber	, if PA	.c		
				l _						
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
Ci	Stat	<u> </u>	Zip Code	М	TD		Y	Amount		
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				Regist	ration N	ember	if PA	AC .		
Full Name of Contributor				, to gast	41,01		,			
	1							Form (Cash, Check, etc.)		
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City	Stat	e	Zip Code	M,	D D		Y	Amount		
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Full Name of Contributor	<u>-</u>			Regist	ration N	umber	, if PA	AC .		
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Street Address	Employer/Occupation/Labor Organization*			tion*				Form (Cash, Check, etc.)		
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Cin:	Stat	te	Zip Code	М	D	T	Y	Amount		
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Side of the second of the seco			idates. If contributor is self-emple	avad dh	. 0001101	tion a	ad the	name of the		

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)]

Page Total S	130.00	•
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