Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			<u></u> _		-			
Friends for Kiwan Lawson								
Friends for Niwatt Lawsoft Full Name of Contributor			Registrat	Registration Number, if PAC				
Latosha Scott								
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Credit Card				
2617 King George St	State	Zip Code	М	D	Y	Amount		
_	ОН	45431	0 4	2 2	$ _{1 _{5}}$		10.00	
Beavercreek Full Name of Contributor	1 0 1 11	40401			ber, if PA	C		
Linda D Allen	Employer/Occur	pation/Labor Organization*				Form (Cash, Chec	k, etc.)	
Street Address	EmployenOccup	and the Labor Organization		ļ			Check	
2836 Barrows Rd	State	Zip Code	Тм	D	Гү	Amount		
City			0 4	2 9			25.00	
Columbus	OH	43232			ber, if PA		20.00	
Full Name of Contributor			Registrat	Jon Ivan	, n 175	C		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Chee	ck, etc.)		
			1	<u> </u>	1 1/			
City	State	Zip Code	M	D i	Y	Amount		
					1 'CD'	<u></u>		
Full Name of Contributor			Registra	tion Num	ber, if PA	iC.		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
i								
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	tion Nun	nber, if PA	vC.		
G. All	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address	Employen	p						
Cin.	State	Zip Code	М	D	Y	Amount		
City		<u> </u>	1]		
Full Name of Contributor			Registra	tion Nur	nber, if PA	AC		
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Street Address	Employer/Occupation/Labor Organization*				_	Form (Cash, Che	eck, etc.)	
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City	State	Zip Code	М	D	Y	Amount		
1 *		1		1	<u> </u>	<u> </u>		
Fuil Name of Contributor			Registra	ation Nur	nber, if P	AC		
	In 1,	upation/Labor Organization*		_		Form (Cash, Che	eck, etc.)	
Street Address	Employer/Occi	upation/Labor Organization						
City	State	Zip Code	М	D	Y	Amount		
'				<u> </u>		<u> </u>		
Full Name of Contributor			Registr	ation Nu	mber, if P	AC		
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
Street Address								
City	State	Zip Code	М	D	Y	Amount		
City						1		
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* 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 \$	35.00