Page 4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends for Kiwan Lawson					. ,	
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Elle Hearns		,	L			<u></u>
Street Address		ation/Labor Organization		_		Form (Cash, Check, etc.)
PO Box 689	Get <u>Equ</u> a	al/Central Res	gion Coorc			Credit Card
City	State	Zip Code	М	D	Y	Amount
Riverdale	<u>M</u> D	20738		1 0		100.00
Full Name of Contributor			Registra	ttion Num	ber, if PA	С
Dontavius Jarrells						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
	Ohio As	soc of Co Beh	avioral He	alth_ <i>A</i>	Auth	Credit Card
City	State	Zip Code	М	D	Y	Amount
			013	2 8	1 5	30.0 <u>0</u>
Full Name of Contributor			Registra	ation Num	ber, if PA	C
Street Address	Employer/Occup	ation/Labor Organizatio	n•			Form (Cash, Check, etc.)
						_
City .	State	Zip Code	М	D	Y	Amount
	1 1					
Full Name of Contributor			Registr	ation Nur	ber, if PA	C
		7.1.0		_	_	Form (Cash, Check, etc.)
Street Address	Employer/Occup	ation/Labor Organizatio	n.			roim (Casi, Check, Cic.)
City	State	Zip Code	М	D	Y	Amount
		_	<u> </u>	<u> </u>	 	
Full Name of Contributor	-		Registr	ation Nun	iber, if PA	AC
Co A Maria	Employer/Occur	nation/Labor Organization	nn*		_	Form (Cash, Check, etc.)
Street Address	Employer/occup	and Europe Organism	,			
City	State	Zip Code	М	D	Y	Amount
City			1 1	l i	1 1	
Full Name of Contributor		<u> </u>	Registr	ation Nun	nber, if PA	AC .
run Name of Commodior						
Street Address	Employer/Occur	oation/Labor Organization	on*			Form (Cash, Check, etc.)
Street Address	2					
	State	Zip Code	М	D	Y	Amount
City		r	1 1	1 1		
T. H.M. and G. Company			Registi	ation Nur.	nber, if P/	AC
Full Name of Contributor						
Street Address	Employer/Occur	pation/Labor Organization	on*			Form (Cash, Check, etc.)
Sueer Addition					,	
City	State	Zip Code	М	l D	Y	Amount
				- 	1 1	<u> </u>
Full Name of Contributor	-		Regist	ration Nu	nber, if Pa	AC
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
Outer Amuras		- -				
Cin	State	Zip Code		D	Y	Amount
City			1 1			
					1.1.	of the

Page Tot	al S	130.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]