Statement of Contributions Received

Prescribed by Secretary of State 3/05

N	 	· · · · · · · · · · · · · · · · · · ·	_			· · · · · · · · · · · · · · · · · · ·	
Name of Committee in Full							
Friends for Kiwan Lawson			Danieren	Registration Number, if PAC			
Full Name of Contributor			ivekisnai	war ramit	~1, II 1 A	~	
S Shaw	Employee/On 2000	ation/Labor Organization*		<u>_</u>		Form (Cash, Check, etc.)	
Street Address	runpioyen/Occup	enon-ration cultumization.				Credit Card	
2630 76th Ave	State	Zip Code	Iм	D	Y	Amount	
City Oakland	C A	94605	0 3	1 3	1 5	100.00	
Full Name of Contributor	Registration Number, if PAI						
Ronald Dinkins							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
246 Wilson Ave					Credit Card		
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43205	013	1 3	1 5	50.00	
Full Name of Contributor				tion Numb		С	
Marlon M Bailey			1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
1017 Central Avenue	Indiana	University/Prof	essor			Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Indianapolis	IIN	46202	0 3	116	1 5	50. <u>00</u>	
Full Name of Contributor			Registra	tion Numl	ber, if PA	c	
Monique Hubbard				_			
Street Address						Form (Cash, Check, etc.)	
3065 Remington Ridge Rd						Credit Card	
Cíty:	State	Zip Code	M	D	Y	Amount	
Columbus	0 H	43232		3 0	1 5	50.00	
Full Name of Contributor	·		Registra	tion Num	ber, if PA	.C	
Martez Smith							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1721 E Blake Ave			- 1	1 .		Credit Card	
City	State	Zip Code	M	D	Y	Amount = 00	
Columbus	OH	43219	0 4	1 4		5.00	
Full Name of Contributor			Registra	non Num	ider, ii ra	ic.	
Derrell Powers						Form (Cash, Check, etc.)	
Street Address	Employer/Occup	pation/Labor Organization*				Credit Card	
2399 Parkland Dr #1314		27 . C- 1-		D	ΙΥ	Amount	
City	State G A	Zip Code		1 5			
Atlanta	G _ A	30324		III D			
Full Name of Contributor			Registia	non Nan	iber, ii r r		
S Add	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization					1	
City	State	Zip Code	М	D	Y	Amount	
City I		1			1 1		
Full Name of Contributor Registration Number, if PA						AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
_		<u> </u>					
5100 an annual	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	didates. If contributor is self-e	employed the	occupatio	n and 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 \$ 275.00