

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|--|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full Friends for Kiwan Lawson | | | | | | | |
| Full Name of Contributor S Shaw | | | | | Registration Number, if PAC | | |
| Street Address 2630 76th Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Oakland | State C A | Zip Code 94605 | M 0 | D 3 | Y 1 | Amount 100.00 | |
| Full Name of Contributor Ronald Dinkins | | | | | Registration Number, if PAC | | |
| Street Address 246 Wilson Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43205 | M 0 | D 3 | Y 1 | Amount 50.00 | |
| Full Name of Contributor Marlon M Bailey | | | | | Registration Number, if PAC | | |
| Street Address 1017 Central Avenue | | Employer/Occupation/Labor Organization* Indiana University/Professor | | | Form (Cash, Check, etc.) Credit Card | | |
| City Indianapolis | State I N | Zip Code 46202 | M 0 | D 3 | Y 1 | Amount 50.00 | |
| Full Name of Contributor Monique Hubbard | | | | | Registration Number, if PAC | | |
| Street Address 3065 Remington Ridge Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43232 | M 0 | D 3 | Y 1 | Amount 50.00 | |
| Full Name of Contributor Martez Smith | | | | | Registration Number, if PAC | | |
| Street Address 1721 E Blake Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43219 | M 0 | D 4 | Y 1 | Amount 5.00 | |
| Full Name of Contributor Derrell Powers | | | | | Registration Number, if PAC | | |
| Street Address 2399 Parkland Dr #1314 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Atlanta | State G A | Zip Code 30324 | M 0 | D 4 | Y 1 | Amount 20.00 | |
| 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)]