Page	<u>5</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

No CC in in Eufl						· · · · ·
Name of Committee in Full						
Friends for Kiwan Lawson Full Name of Contributor			Registrati	on Numb	er, if PA	c
			110233411		•••	_
S Shaw	Employae(Occurs	ation/Labor Organization*			- 1	Form (Cash, Check, etc.)
Street Address	Employer/Occup	anon tanor Organization				Credit Card
2630 76th Ave	State	Zip Code	М	D	Y	Amount
City	C A	94605		1 3	1 5	100.00
Oakland Full Name of Contributor		74003	Registrati	-		
Ronald Dinkins Street Address	Frenover/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employ covecupation Caganization					Credit Card
246 Wilson Ave	State	Zip Code	М	D	Y	Amount
•	OTH	43205	013	1 3	115	50.00
Columbus Full Name of Contributor	10111	45205	Registrati			
Marlon M Bailey Street Address	Employer/Occum	ation/Labor Organization*		_		Form (Cash, Check, etc.)
1017 Central Avenue	·	University/Prof	essor			Credit Card
City	State	Zip Code	M	D	Y	Amount
	IIN	46202	013	1 6	1 5	50.00
Indianapolis Full Name of Contributor	1 1 1 2 1	10202	Registrat			
Monique Hubbard Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)
						Credit Card
3065 Remington Ridge Rd	State	Zip Code	М	D	Y	Amount
	OIH	43232	013	310	115	50.00
Columbus Full Name of Contributor		10202		ion Num		AC .
Martez Smith		•	1			
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
						Credit Card
1721 E Blake Ave	State	Zip Code	М	D	Y	Amount
•	ОІН	43219	0 4	1 4	115	5.00
Columbus Full Name of Contributor		1021/		tion Num	ber, if PA	AC .
Derrell Powers			1			
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
2399 Parkland Dr #1314						Credit Card
City 7399 Falklatiu DI #1314	State	Zip Code	M	D	Y	Amount
Atlanta	GIA	30324	0 4	1 5	115	20.00
Full Name of Contributor		50021		tion Nur		
I all Paul of Control of						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
Sitter Address						
City	State	Zip Code	M	D	Y	Amount
City					1	
Full Name of Contributor		_ '	Registra	tion Nun	ber, if P	AC
s an italie of Controller						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
Sire radius						
City	State	Zip Code	М	D	Y	Amount
						<u> </u>
5100	ide and general assembly can	didates. If contributor is self-	mployed, the	occupatio	on 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	5	275.00