

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Kiwan Lawson</b>							
Full Name of Contributor <b>S Shaw</b>					Registration Number, if PAC		
Street Address <b>2630 76th Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Oakland</b>	State <b>C   A</b>	Zip Code <b>94605</b>	M <b>0   3</b>	D <b>1   3</b>	Y <b>1   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Ronald Dinkins</b>					Registration Number, if PAC		
Street Address <b>246 Wilson Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>	M <b>0   3</b>	D <b>1   3</b>	Y <b>1   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Marlon M Bailey</b>					Registration Number, if PAC		
Street Address <b>1017 Central Avenue</b>		Employer/Occupation/Labor Organization* <b>Indiana University/Professor</b>			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Indianapolis</b>	State <b>I   N</b>	Zip Code <b>46202</b>	M <b>0   3</b>	D <b>1   6</b>	Y <b>1   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Monique Hubbard</b>					Registration Number, if PAC		
Street Address <b>3065 Remington Ridge Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43232</b>	M <b>0   3</b>	D <b>3   0</b>	Y <b>1   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Martez Smith</b>					Registration Number, if PAC		
Street Address <b>1721 E Blake Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0   4</b>	D <b>1   4</b>	Y <b>1   5</b>	Amount <b>5.00</b>	
Full Name of Contributor <b>Derrell Powers</b>					Registration Number, if PAC		
Street Address <b>2399 Parkland Dr #1314</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Atlanta</b>	State <b>G   A</b>	Zip Code <b>30324</b>	M <b>0   4</b>	D <b>1   5</b>	Y <b>1   5</b>	Amount <b>20.00</b>	
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)]

Page Total \$ 275.00