

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Kiwan Lawson							
Full Name of Contributor Ashley Vance Dell					Registration Number, if PAC		
Street Address 6500 Emerald Parkway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Dublin	State O H	Zip Code 43016	M 0 3	D 2 8	Y 1 5	Amount 20.00	
Full Name of Contributor Jamin Slade Skaates					Registration Number, if PAC		
Street Address 675 Cooper Rd		Employer/Occupation/Labor Organization* Self-employed/Chiropractor			Form (Cash, Check, etc.) Cash		
City Westerville	State O H	Zip Code 43081	M 0 3	D 2 8	Y 1 5	Amount 20.00	
Full Name of Contributor Marlon M Bailey					Registration Number, if PAC		
Street Address 1017 Central Ave		Employer/Occupation/Labor Organization* Indiana University/Professor			Form (Cash, Check, etc.) Cash		
City Indianapolis	State I N	Zip Code 46202	M 0 3	D 2 8	Y 1 5	Amount 100.00	
Full Name of Contributor Elizabeth Lawson					Registration Number, if PAC		
Street Address 2439 Lakemere Way		Employer/Occupation/Labor Organization* Playtime Pre School/Owner			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43209	M 0 3	D 2 8	Y 1 5	Amount 50.00	
Full Name of Contributor Kelly Lawson					Registration Number, if PAC		
Street Address 2439 Lakemere Way		Employer/Occupation/Labor Organization* Playtime Pre School/Co-Owner			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43209	M 0 3	D 2 8	Y 1 5	Amount 50.00	
Full Name of Contributor Shay Tolliver					Registration Number, if PAC		
Street Address 2703 Four Seasons Dr		Employer/Occupation/Labor Organization* Home Care Provider			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43207	M 0 3	D 2 8	Y 1 5	Amount 50.00	
Full Name of Contributor Kujenga Ashe					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* Minister			Form (Cash, Check, etc.) Cash		
City	State 	Zip Code	M 0 3	D 2 8	Y 1 5	Amount 50.00	
Full Name of Contributor Jaime A Pardo					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* Columbus Free Press/ Account Exec			Form (Cash, Check, etc.) Cash		
City	State 	Zip Code	M 0 3	D 2 8	Y 1 5	Amount 20.00	

* 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)]