Dage	3	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	 							
Friends for Kiwan Lawson								
I Name of Contributor			Registrat	Registration Number, if PAC				
Ashley Vance Dell								
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)	
6500 Emerald Parkway					Cash			
City	State	Zip Code	М	D	Y	Amount		
Dublin	OIH	43016	013	2 8			20.00	
Full Name of Contributor		<u> </u>	Registrat	ion Numb	er, if PA	C		
Jamin Slade Skaates								
Street Address	1 ' '	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
675 Cooper Rd	Self-emp	Self-employed/Chiropractor			Cash			
City	State	Zip Code	М	D	Y	Amount	20.00	
Westerville	<u> </u>	43081	0 3		1 5		20.00	
Full Name of Contributor			Registrat	tion Numb	er, if PA	C		
Marlon M Bailey						C (C1- C	-al- ata 3	
Street Address		tion/Labor Organization*				Form (Cash, Ch	cca, cic.}	
1017 Central Ave		University/Profe		٦.	Y	Cash Amount	<u>.</u>	
City	State	Zip Code	M	D	I	Amount	100.00	
Indianapolis	IIN	46202	013		1 5		100.00	
Full Name of Contributor						C		
Elizabeth Lawson						Form (Cosh Ch	ock etc.)	
Street Address	1	Employer/Occupation/Labor Organization* Playtime Pre School/Owner				Form (Cash, Check, etc.) Cash		
2439 Lakemere Way			ner Тм	D	Υ	Amount		
City	State O H	Zip Code		218	_	I diloux	50.00	
	OIH	43209				С	50.00	
	Name of Contributor Registration Number, if PAC							
Kelly Lawson	Employer/Occups	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address		Playtime Pre School/Co-Owner				Cash		
2439 Lakemere Way	State	Zip Code	M M	ΙD	Y	Amount		
Calmarkers	OH	43209	013	218	115		50.00	
Columbus Full Name of Contributor	101-1	40207			ber, if PA	c		
Shay Tolliver	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2703 Four Seasons Dr	1	Home Care Provider				Cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43207	013	218	1 5		50.00	
Full Name of Contributor					ber, if PA			
Kujenga Ashe								
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Check, etc.)		
		Minister				Cash		
City	State	Zip Code	М	D	Y	Amount		
			013				5 <u>0.00</u>	
Full Name of Contributor			Registra	ation Num	iber, if PA	AC		
laime A Pardo		<u> </u>						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
	│ Columb	Columbus Free Press/Accor				Cash		
City	State	Zip Code	М	D	Y	Amount	20.00	
\			013				20.00	
and for contributions from individuals over \$100 to state	wide and general assembly cand	idates. If contributor is self-en	nployed the	occupatio	n and the	name of the		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is sert-employed, the occupation and its hance 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 \$	360.00