

# 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>Kiwan Lawson</b>					Registration Number, if PAC		
Street Address <b>1172 Koebel Road</b>		Employer/Occupation/Labor Organization* <b>Playtime Pre School</b>			Form (Cash, Check, etc.) <b>EFT</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43207</b>	M <b>0   1</b>	D <b>1   0</b>	Y <b>1   5</b>	Amount <b>300.00</b>	
Full Name of Contributor <b>Mike W Bush</b>					Registration Number, if PAC		
Street Address <b>5008 Donna Sue Dr</b>		Employer/Occupation/Labor Organization* <b>Self-Employed/Contractor</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>G   A</b>	Zip Code <b>31907</b>	M <b>0   3</b>	D <b>1   7</b>	Y <b>1   5</b>	Amount <b>400.00</b>	
Full Name of Contributor <b>James Berry</b>					Registration Number, if PAC		
Street Address <b>3458 Bexvie Ave</b>		Employer/Occupation/Labor Organization* <b>None/Retired</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43227</b>	M <b>0   1</b>	D <b>1   1</b>	Y <b>1   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Shannon Dungey</b>					Registration Number, if PAC		
Street Address <b>1775 Bar Harbor Dr</b>		Employer/Occupation/Labor Organization* <b>Bvron L Potts Attorney at Law/Paralegal</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0   4</b>	D <b>0   3</b>	Y <b>1   5</b>	Amount <b>10.00</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	
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)]