| Page | <u>2</u> |  |
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full  |   |                             |  |                          |                          | ··· -                    |             |
|--|---|-----------------------------|--|--------------------------|--------------------------|--------------------------|-------------|
| Friends for Kiwan Lawson   |   |                             |  |                          |                          |                          |             |
| Full Name of Contributor   |   |                             | Registra                                 | tion Num                 | ber, if PA               | C .                      |             |
| Kiwan Lawson   |   |                             |  |                          |                          |                          |             |
| Street Address   | Employer/Occupation/Labor Organization*   |                             |  | Form (Cash, Check, etc.) |                          |                          |             |
| 1172 Koebel Road   | Playtime Pre School   |                             |  |                          | EFT                      |                          |             |
| City   | State   | Zip Code                    | M  | D                        | Y                        | Amount                   |             |
| Columbus   | 0   H   | 43207                       | 01                                       | 1 0                      | 1 5                      |                          | 300.00      |
| Full Name of Contributor   |   |                             |  |                          |                          |                          |             |
| Mike W Bush  |   | <del></del>                 | <u> </u>                                 |                          |                          |                          |             |
| Street Address   | Employer/Occupation/Labor Organization*   |                             |  |                          | Form (Cash, Check, etc.) |                          |             |
| 5008 Donna Sue Dr  | Self-Employed/Contractor Check  |                             |  |                          |                          |                          |             |
| City   | State   | Zip Code                    | M  | D                        | Y                        | Amount                   | 400.00      |
| Columbus   | GA  | 31907                       |  | 1 7                      | 1 5                      |                          | 400.00      |
| Full Name of Contributor   |   |                             | Registra                                 | tion Num                 | ber, if PA               | C                        | •           |
| James Berry  | Transfer (A)  |                             | <u> </u>                                 |                          |                          | Form (Cach Ch.           | ol: eta l   |
| Street Address   | 1   | ipation/Labor Organization* |  |                          |                          | Form (Cash, Check, etc.) |             |
| 3458 Bexvie Ave  | None/   | Zip Code                    | Тм                                       | D                        | ΙΥ                       | Cash                     |             |
| Columbus   | O   H   | '                           | $\begin{vmatrix} m \\ 0 \end{vmatrix}_1$ | $ \tilde{1} _1$          | 115                      | , 200001                 | 100.00      |
| Full Name of Contributor   | 1011  | 1 4344/                     |  |                          | ber, if PA               | .C                       | 100.00      |
|  |   |                             |  | •                        | •                        |                          |             |
| Street Address   | Shannon Dungey  teet Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.) |                             |  |                          |                          |                          | ck, etc.)   |
| 1775 Bar Harbor Dr   | Byron L Potts Attorney at Law/Paralegal Cash  |                             |  |                          |                          |                          |             |
| City   | State   | Zip Code                    | M  | D                        | Y                        | Amount                   |             |
| Columbus   | OIH   | 43219                       | 014                                      | 0 3                      | 1   5                    |                          | 10.00       |
| Full Name of Contributor   |   |                             |  |                          | ber, if PA               | 'C                       |             |
|  |   |                             |  |                          |                          |                          |             |
| Street Address   | Employer/Occupation/Labor Organization Form (Cash, Check, etc.)                                   |                             |  |                          |                          |                          |             |
|  |   | _ <del>_</del> _            |  | ,                        |                          |                          |             |
| City   | State   | Zip Code                    | M  | D                        | Y                        | Amount                   |             |
|  |   |                             | 1  |                          |                          |                          |             |
| Full Name of Contributor   |   |                             | Registra                                 | ition Nurr               | iber, if PA              | ıc                       |             |
| In the Control of the |   |                             |  |                          | ock etc.)                |                          |             |
| eet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)   |   |                             | .ca, uu.j                                |                          |                          |                          |             |
| Cit.   | State   | Zip Code                    | М  | T D                      | Y                        | Amount                   |             |
| City·  | State<br>   | Esp Code                    | "  | ľ                        |                          | . 2000                   |             |
| Full Name of Contributor   | <u> </u>  |                             | Registr                                  | ation Num                | ber, if PA               | \C                       |             |
| run ivalite of Continuator   |   |                             |  |                          |                          |                          |             |
| Street Address   | Employer/Occ  | upation/Labor Organization* |  |                          |                          | Form (Cash, Che          | ck, etc.)   |
| reer Address Employer/Occupation/Casco Organization  |   |                             |  |                          |                          |                          |             |
| City   | State   | Zip Code                    | М  | D                        | Y                        | Amount                   | <del></del> |
| <b>1</b>   |   |                             |  |                          |                          |                          |             |
| Full Name of Contributor Registration Number, if PAC   |   |                             |  |                          |                          |                          |             |
|  |   |                             |  |                          |                          |                          |             |
| Street Address   | Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)                                  |                             |  |                          |                          |                          |             |
|  | <u> </u>  |                             |  |                          |                          | <u> </u>                 |             |
| City   | State   | Zip Code                    | М  | D                        | Y                        | Amount                   |             |
|  |   |                             | 1  | <u> </u>                 | <u> </u>                 |                          |             |
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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 S | 810.00 |
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