P	ige <u>2</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		-		-					
Friends for Kiwan Lawson									
Full Name of Contributor					Registration Number, if PAC				
Kiwan Lawson									
eet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
1172 Koebel Road	Playtime Pre School					EFT			
City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43207	0 1	110		300.00			
Full Name of Contributor			Registra	ttion Nurr	iber, if PA	.C			
Mike W Bush				_		Tr. (0.1.00.1)			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
5008 Donna Sue Dr	Self-Employed/Contracto			T 5	1	Check			
City	State A	Zip Code	M	D 11.7	Y	Amount 400 00			
Columbus	G A	31907	0 3		1 5 iber, if PA	400.00			
Full Name of Contributor			Registra	шоп МШ	ioer, ii PA				
James Berry	Employer/One	pation/Labor Organization*	L			Form (Cash, Check, etc.)			
Street Address						Cash			
3458 Bexvie Ave	None/R	Zip Code	М	D	Y	Amount			
Columbia c	O H	43227	$\begin{vmatrix} \mathbf{n} \\ 0 \end{vmatrix}_1$	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 1$	F .	100.00			
Columbus Full Name of Contributor	0 11	4322/			nber, if PA				
r — r — r - r - r - r - r - r - r - r -			I Tagasas			-			
Shannon Dungey Street Address Employer/Occupation/Labor Organization*				_		Form (Cash, Check, etc.)			
Street Address 1775 Bar Harbor Dr		. Potts Attorney at I	aw/	Paral	egal	Cash			
City	State	Zip Code	M M	D	Y	Amount			
Columbus	OH	43219	1	Ι.	115	10.00			
COUMDUS Full Name of Contributor	1 0 1 22	10217			nber, if PA				
an a mare or construction	Full tyzine of Conditionor								
Street Address	Employer/Occupation/Labor Organization®					Form (Cash, Check, etc.)			
	1								
City	State	Zip Code	М	D	Y	Amount			
1						<u> </u>			
Full Name of Contributor			Registra	ation Nur	nber, if PA	AC			
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)			
		_	, _						
City	State	Zip Code	M	D	Y ,	Amount			
			 	<u> </u>	1 1				
Full Name of Contributor		_	Registr	ation Nur	nber, if PA	AC			
						Francisco (Cook Charles was)			
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)			
	 		1 11	T 5	T v -	Amount			
City	State	Zip Code	M	D	Y	Amount			
			Demint.	ntion No	mber, if Pa	<u> </u>			
Full Name of Contributor			Kegisu	ation ven	moei, ii Fi	· NC			
	Employ/Oc	pation/Labor Organization*		-		Form (Cash, Check, etc.)			
Street Address	zmpioyer/Occu	panon Labor Organization				,			
	Cinta	Zip Code	М	[D	Y	Amount			
City	State	Zap Code	"	ĺí		1			
Required for contributions from individuals over \$100 to statewide and gen	and accemble can	didates of contributor is self-empl	oved, the	occupati	on and the	name of the			

Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributes is self-employed, the occupanist and the habe of 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