

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

AL LAWSON FOR CONGRESS

ADDRESS (number and street) 400 NORTH ADAMS ST.

Check if different than previously reported. (ACC)

TALLAHASSEE FL 32301

2. **FEC IDENTIFICATION NUMBER** ▼ C C00460261

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲

STATE ▼ DISTRICT

FL 02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

04 / 01 / 2012 through 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. JOHNNY FRANK SESSION

Signature of Treasurer Mr. JOHNNY FRANK SESSION *[Electronically Filed]* Date M M / D D / Y Y Y Y

07 / 16 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
AL LAWSON FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	109031.51	181548.81
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	109031.51	181548.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	64272.97	73590.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	64072.97	73390.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	116579.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	31444.73	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

AL LAWSON FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	72896.68	137112.98
(ii) Unitemized.....	21134.83	28435.83
(iii) TOTAL of contributions from individuals ▶	94031.51	165548.81
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) The Candidate.....	0.00	1000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	109031.51	181548.81
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	200.00	200.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	109231.51	181748.81

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	64272.97	73590.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1555.27
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1555.27
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	64272.97	75145.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	71621.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	109231.51
25. SUBTOTAL (add Line 23 and Line 24).....	180852.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64272.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	116579.95

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lorenzo Alexander

Mailing Address 2606 pottsdamer street

City State Zip Code
Tallahassee FL 32310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5229

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES H AMMONS III

Mailing Address 8 SOUTH OSCELA AVENUE # 2315

City State Zip Code
ORLANDO FL 32801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Turner Construction ADMINSTRATOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012

Transaction ID : SA11AI.5088

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Dawn Amora

Mailing Address 9701 S Burnt Mill Creek

City State Zip Code
Panama City FL 32409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Housewife HOUSEWIFE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period
 100.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Harry K. Arnold		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2012	
Mailing Address PO Box 4103		Transaction ID : SA11AI.4880	
City Tallahassee	State FL	Zip Code 32303	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Harry K. Arnold		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2012	
Mailing Address PO Box 4103		Transaction ID : SA11AI.5872	
City Tallahassee	State FL	Zip Code 32303	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. ANGELA ATKINSON		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2012	
Mailing Address 543 MAIN STREET #513		Transaction ID : SA11AI.5842	
City NEW ROCHELLE	State NY	Zip Code 10801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer GALDERMA	Occupation SALES		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. SOLOMON BADER

Mailing Address 6733 MARION COURT S.

City JACKSONVILLE State FL Zip Code 32216

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2012

Transaction ID : SA11Al.5463

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Pamela Baker

Mailing Address 304 WEST BREVARD ST.

City TALLAHASSEE State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer LAWSON AND ASSOCIATE Occupation Office Assistant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11Al.4726

Amount of Each Receipt this Period
 50.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Pamela Baker

Mailing Address 304 WEST BREVARD ST.

City TALLAHASSEE State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer LAWSON AND ASSOCIATE Occupation Office Assistant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11Al.4854

Amount of Each Receipt this Period
 50.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara Barnes

Mailing Address 9683 Deer Valley Dr

City Tallahassee State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Barbara Barnes

Mailing Address 9683 Deer Valley Dr

City Tallahassee State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.5373

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. Derron Benett

Mailing Address 3003 KEVIN STREET

City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2012

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period
1150.00

In-kind - computer/it

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Derron Benett

Mailing Address 3003 KEVIN STREET

City State Zip Code
Tallahassee FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.6538

Amount of Each Receipt this Period
 100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Bill Bogan

Mailing Address 2651 Hannon Hill DR

City State Zip Code
Tallahassee FL 32309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOGAN PUBLIC MANAGEMENT CPA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Michael Boone

Mailing Address P O Box 6192

City State Zip Code
Tallahassee FL 32314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Contribution FAMU

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5831

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHIRLEY F. BOULWARE

Mailing Address 4662 GROVE PARK DIRVE

City TALLAHASSEE State FL Zip Code 32311-3735

FEC ID number of contributing federal political committee.

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11AI.5074

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MILDRED P. BRICKLER

Mailing Address 1000 BRANDT DIRVE

City TALLAHASSEE State FL Zip Code 32308-5207

FEC ID number of contributing federal political committee.

Name of Employer **FAMU** Occupation **Administrator**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Carolyn Brooks

Mailing Address 30173 Stoneybrooke Dr

City Salisbury State MD Zip Code 21804

FEC ID number of contributing federal political committee.

Name of Employer **University of Maryland** Occupation **Administrator**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5841

Amount of Each Receipt this Period

CONTRIBUTON

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES BROOKS

Mailing Address 15 TRUMBULL LANE

City WEST HARTFORD State CT Zip Code 06117-2754

FEC ID number of contributing federal political committee. **C**

Name of Employer ACE GROUP Occupation INSURANCE EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5837

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Dr. HENRY BROOKS

Mailing Address 30173 STONEYBROOKE DRIVE

City SALISBURY State MD Zip Code 21804

FEC ID number of contributing federal political committee. **C**

Name of Employer MARYLAND EASTERSHORE Occupation PROFESSOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : SA11AI.5079

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARCHELLUS BROOKS

Mailing Address 9905 OCEAN SAND COURT

City LAUREL State MD Zip Code 20723

FEC ID number of contributing federal political committee. **C**

Name of Employer AT & T Occupation MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5864

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 88

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hubert R. Brown

Mailing Address 1962 Setting Sun Trail

City Tallahassee State FL Zip Code 32303

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown and Brown Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.5314

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Thomas J. Brown

Mailing Address 1510 Highland Dr

City Tallahassee State FL Zip Code 32317

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown and Brown Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MATTHEW A. BRYAN

Mailing Address 2134 GOLDEN EAGLE DRIVE W.

City TALLAHASSEE State FL Zip Code 32312-4036

FEC ID number of contributing federal political committee. **C**

Name of Employer SMITH, BRYAN & MYERS Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATHERINE M. CALDWELL

Mailing Address 2770 THORNTON ROAD

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Home Maker Occupation Home Maker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5287

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOH D. CAMINEZ

Mailing Address 1156 WAUKEENAH HWY

City MONTICELLO State FL Zip Code 32344

FEC ID number of contributing federal political committee. **C**

Name of Employer CAMINEZ LAW FIRM Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MILTON CAMPBELL

Mailing Address 19481 CANTERBURY ROAD

City DETROIT State FL Zip Code 48221

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation DENTIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5658

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hon. WALTER ' SKIP: CAMPBELL

Mailing Address **700 SE THIRD AVE. SUITE 100**

City **FT. LAUDERDALE** State **FL** Zip Code **33316**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Krupnick,Campbell,Malone** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : SA11Al.5465

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Joseph L Camps Jr.

Mailing Address **3800 Bobbin Brook Circle**

City **Tallahassee** State **FL** Zip Code **32312**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SOUTH EAST UROLOGY** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11Al.4671

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
ALLISON SELLERS CARVAJAL

Mailing Address **3396 DEER LANE DRIVE**

City **TALLAHASSEE** State **FL** Zip Code **32312**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RAMBA CONSULTING** Occupation **CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : SA11Al.4930

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ken Cashin

Mailing Address **PO Box 2442**

City **Tallahassee** State **FL** Zip Code **32316**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FLORIDA MANUFACTURED HOUSING A** Occupation **CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Charles W. Clary III

Mailing Address **PO Box 1167**

City **Destin** State **FL** Zip Code **32541**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Architect**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2012

Transaction ID : SA11AI.5456

Amount of Each Receipt this Period
500.00

CONTRIBUTON

C. Full Name (Last, First, Middle Initial)
C. A. CLAY

Mailing Address **P. O. BOX 5205**

City **DESTIN** State **FL** Zip Code **32540-5205**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HONEMAKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11AI.5514

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Clements

Mailing Address P.O. Box 988

City Carrabelle State FL Zip Code 32322-0988

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation FISHERMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : SA11AI.4862

Amount of Each Receipt this Period
 400.00

Contribution

B. Full Name (Last, First, Middle Initial)
ARTHUR COLLINS

Mailing Address 3911 LORCOM LANE

City ARLINGTON State VA Zip Code 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer COLLINS JOHNSON GROUP Occupation POLITICAL STRATEGIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.5741

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Committee for Innovative Government

Mailing Address 502 east 11 street

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period
 1200.00

contribution-permissible funds

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.6277

The committee for Innovative in government cannot contribute to federal campaign. We reached the contribution after we could not find a FEC ID NUMBER. We refunded the check on October 6, 2012

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Costin		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2012
Mailing Address PO Box 99		Transaction ID : SA11Al.4663
City Port St. Joe	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer COSTIN INSURANCE AGENCY	Occupation Agency Manager	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Benjamin L Crump		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 240 N Monroe St		Transaction ID : SA11Al.4856
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PARKS & CRUP LAW FIRM	Occupation ATTORNEY	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. James H Dahl		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 502 Bobbin Brook Ln		Transaction ID : SA11Al.4858
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Timber Investment	Occupation INVESTOR	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Derrick Danzy

Mailing Address P.O. Box 2143

City State Zip Code
Tallahassee FL 32316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Danzy Bailbonds BAILS BOND MEN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11AI.4827

Amount of Each Receipt this Period
500.00
Contribution

B. Full Name (Last, First, Middle Initial)
AMIR DARABI

Mailing Address 3050 SAWTOOTH DRIVE

City State Zip Code
TALLAHASSEE FL 32303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BAYCREST CORP ENGINEER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES DAUGHTON

Mailing Address 1386 CONSTITUTION PLACE

City State Zip Code
TALLAHASSEE FL 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
METZ, HUSBAND & DAUGHTON, PA ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : SA11AI.5063

Amount of Each Receipt this Period
250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark K Delegal

Mailing Address 3952 W Millers Bridge Rd

City State Zip Code
Tallahassee FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pennington Moore Wilkinson ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Linda G. Dilworth

Mailing Address 9001 Shoal Creek Dr.

City State Zip Code
Tallahassee FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KMR LLC CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Walter Dover

Mailing Address 534 Dover Road

City State Zip Code
Havana FL 32333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WC Dover LLC MANING MEMBER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period
 Contribution 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. GEORGE DRUMMING Jr.

Mailing Address P. O. BOX 15671

City State Zip Code
TALLAHASSEE FL 32317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEORGE DRUMMING LAW OFFICE ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11Al.4882

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Dr. Mignon L. Emenike

Mailing Address 3301 Charleston Rd

City State Zip Code
Tallahassee FL 32309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WELLNESS CENTER PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2012

Transaction ID : SA11Al.4658

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Kathy K. Fain

Mailing Address 3323-A Thomasville Rd

City State Zip Code
Tallahassee FL 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE FARM INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SA11Al.4806

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 88			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Deborah Fairhurst

Mailing Address 2415 Old Saint Augustine Road

City State Zip Code
Tallahassee FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self employed Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
666.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.5249

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Rev. Ernest Ferrell

Mailing Address 1116 Tanner Dr.

City State Zip Code
Tallahassee FL 32305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.5945

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
FLORIDA DELIVERS LEADERSHIP pAC

Mailing Address P. O. BOX 70980

City State Zip Code
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C C00450247**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11AI.5051

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. SHAWNTA FRIDAY-STROUD

Mailing Address 1516 CHINA GROVE

City TALLAHASSEE	State FL	Zip Code 32301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FAMU SBI	Occupation DEAN
------------------------------	--------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11AI.4874

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Dr. SHAWNTA FRIDAY-STROUD

Mailing Address 1516 CHINA GROVE

City TALLAHASSEE	State FL	Zip Code 32301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FAMU SBI	Occupation DEAN
------------------------------	--------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA	State SC	Zip Code 29211
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00255562

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11AI.6536

Amount of Each Receipt this Period
 2000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Roland H. Gaines

Mailing Address 7093 Ed Wilson lane

City Tallahassee State FL Zip Code 32312-6822

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : SA11AI.4986

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Dr. FRED GAINOUS

Mailing Address 1905 M.L.KING BLVD.

City MIDWAY State FL Zip Code 32343

FEC ID number of contributing federal political committee. **C**

Name of Employer **FAMU - STATE OF FLORIDA** Occupation **EDUCATOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA11AI.5458

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Parastou Ghazvini

Mailing Address 2646 Millstone Plantation Rd

City Tallahassee State FL Zip Code 32312-3899

FEC ID number of contributing federal political committee. **C**

Name of Employer **FAMU** Occupation **PROFESSOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hossein Ghazvininezad		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 25 / 2012	
Mailing Address 4515 High Grove Rd		Transaction ID : SA11AI.4850	
City Tallahassee	State FL	Zip Code 32309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer premier construction	Occupation DEVELOPER		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Alma R. Gonzalez		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012	
Mailing Address 1105 High Meadow Drive		Transaction ID : SA11AI.5882	
City Tallahassee	State FL	Zip Code 32311	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer AFSCME	Occupation GENERAL COUNSLE		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) C. Alphonsa Hall		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012	
Mailing Address 4553 Bowfin Dr.		Transaction ID : SA11AI.5446	
City Tallahassee	State FL	Zip Code 32303	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer TILLMAN FURNERAL HOME	Occupation FUNERAL DIRECTOR		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES LEONARD HAMILTON

Mailing Address 1255 SHERRILL COURT

City TALLAHASSEE State FL Zip Code 32312-1069

FEC ID number of contributing federal political committee. **C**

Name of Employer FSU Occupation COACH

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.5412

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DONNA R. HARVEY

Mailing Address 3246 HEMINGWAY BLVD.

City TALLAHASSEE State FL Zip Code 32311-3646

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5293

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EUNICE C. HARVEY

Mailing Address 2181 NW 33RD AVE.

City LAUDERDALE, LAKES State FL Zip Code 33311

FEC ID number of contributing federal political committee. **C**

Name of Employer SCHOOL BOARD OF BROWARD COUNTY Occupation ASSISTANT ADMINISTRATOR 'RETIRED'

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John R. Haugabrook

Mailing Address 3567 Gardenview Way

City Tallahassee State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period
100.00

CONTRIBUTIONH

B. Full Name (Last, First, Middle Initial)
ROBERT E. Hawken Jr.

Mailing Address 1122 HARBERT STREET

City TALLAHASSEE State FL Zip Code 32303

FEC ID number of contributing federal political committee. **C**

Name of Employer FCCI Occupation consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.5279

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TRACY HORENBEIN

Mailing Address 5174 OLD ST. AUGUSTINE ROAD

City TALLAHASSEE State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer fLORIDA CONSULTANT INC Occupation CONSULANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : SA11AI.5449

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CECIL HOWARD

Mailing Address **P. O. BOX 6181**

City **GAINESVILLE** State **FL** Zip Code **32627**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CITY OF GAINESVILLE** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : SA11AI.5512

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Alyssa Humphrey

Mailing Address **50 W 127th Street #5A**

City **New York** State **NY** Zip Code **10027**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Sheridan** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.4745

Amount of Each Receipt this Period
250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Alyssa Humphrey

Mailing Address **50 W 127th Street #5A**

City **New York** State **NY** Zip Code **10027**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Sheridan** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 88
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nicholas Iarossi

Mailing Address 4556 Grove Park Dr

City State Zip Code
Tallahassee FL 32311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAPITAL CITY CONSULTING CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 11 2012

Transaction ID : SA11AI.4765

Amount of Each Receipt this Period
 500.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Lila A Jaber

Mailing Address 1204 Maclay Rd

City State Zip Code
Tallahassee FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GUNSTER LAW FIRM Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 11 2012

Transaction ID : SA11AI.4771

Amount of Each Receipt this Period
 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
OKANTA JACKSON

Mailing Address 6378 OX BOW RUN

City State Zip Code
TALLAHASSEE FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DERMATOLOGIST DERMATOLOGY ASSOCIATE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 11 2012

Transaction ID : SA11AI.5763

Amount of Each Receipt this Period
 650.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Yolanda Jackson

Mailing Address 8339 NW 195th Terrace

City Miami State FL Zip Code 33015

FEC ID number of contributing federal political committee. **C**

Name of Employer BECKER & POLIAKOFF Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.5779

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CYRUS JOLLIVETTE

Mailing Address P. O. BOX 23549

City JACKSONVILLE State FL Zip Code 32241

FEC ID number of contributing federal political committee. **C**

Name of Employer FLORIDA BLUE Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.5749

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ernest L. Jones

Mailing Address 3138 Corrib Drive

City Tallahassee State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **535.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period
535.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1785.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bernard W. Kinsey

Mailing Address 301 Mount Holyoke Ave

City Pacific Palisades State CA Zip Code 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer KBK ENT. INC. Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Paul Knowles

Mailing Address 5363 Paddington Drive

City Tallahassee State FL Zip Code 32309

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation COMPUTER SALES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5826

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES M KOBURGER

Mailing Address 1349 Cross Creek Cir

City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer FARM BUREAU INSURANCE Occupation INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.4650

Amount of Each Receipt this Period
 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ECITRYM LAMARR

Mailing Address 400 N Adams St
Ste B

City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer LAMARR MANAGEMENT COMPANY LLC Occupation CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.5970

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DALE R. LAUER

Mailing Address 3801 BOBBIN BROOKE CIRCLE

City TALLAHASSEE State FL Zip Code 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL INSURANCE AGENCY Occupation INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DALE R. LAUER

Mailing Address 3801 BOBBIN BROOKE CIRCLE

City TALLAHASSEE State FL Zip Code 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL INSURANCE AGENCY Occupation INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.5624

Amount of Each Receipt this Period
500.00

CONTRIBUTON

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHAUN E. LAURIE

Mailing Address 1628 NORTH PLAZA DRIVE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : SA11AI.4943

Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KELVIN I. LAWLSON

Mailing Address 384 LOMBARDY LOOP

City JACKSONVILLE State FL Zip Code 32259

FEC ID number of contributing federal political committee. **C**

Name of Employer ACOSTA SALES Occupation SALES DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11AI.5072

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. ALFRED LAWSON JR. Jr.

Mailing Address 400 NORTH ADAMS STREET

City TALLAHASSEE State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C H0FL02086**

Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11AI.5874

Amount of Each Receipt this Period
 748.00
 In-kind - FISH & ICE CREAM

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1648.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HENRY LEWIS

Mailing Address 19521 SW 53RD STREET

City MIRAMAR State FL Zip Code 33029

FEC ID number of contributing federal political committee. **C**

Name of Employer FLORIDA MEMORIAL UNIVERSITY Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5844

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
John R Lewis

Mailing Address 4501 Rockbridge Hollow

City Tallahassee State FL Zip Code 32309

FEC ID number of contributing federal political committee. **C**

Name of Employer SUPER LUBE INC Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period
 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
MILLICENT T. LUNDGREN

Mailing Address 447 GRAIL DRIVE

City TALLAHASSEE State FL Zip Code 32304

FEC ID number of contributing federal political committee. **C**

Name of Employer DDS LAW FIRM Occupation PARALEGAL

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5315

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DORIS MALOY

Mailing Address 2324 NAPOLEON BONAPARTE DIRVE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer LEON COUNTY Occupation TAX COLLECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5664

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. RUDY Maloy

Mailing Address 2324 NAPOLEAN BONAPARTE DR.

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation CONSULTANTS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5935

Amount of Each Receipt this Period
 1692.68

In-kind - travel

C. Full Name (Last, First, Middle Initial)
DANIEL MANAUSA

Mailing Address 2003 DOGWOOD HILL

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer MANAUSA LAW FIRM Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11AI.5053

Amount of Each Receipt this Period
 250.00

CONTRIBUTON

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2442.68

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 88
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. JOHN R. MARKS III

Mailing Address 200 WEST COLLEGE AVE.

City TALLAHASSEE State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED - MARKS & MARK Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period
 _____ 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Randal R Martin

Mailing Address 2804 Capital Cir N.E.
Ste C

City Tallahassee State FL Zip Code 32308-7701

FEC ID number of contributing federal political committee. **C**

Name of Employer PBM SERVICES Occupation CLEANING SERVICE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period
 _____ 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Spurgeon McWilliams

Mailing Address 2610 Cline Street

City Tallahassee State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPTIAL HEALTH PLAN Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George Merritt

Mailing Address 1332 Mosswood Case

City State Zip Code
Tallahassee FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALLAHASSEE PODIATRY AND ASSOC DOCTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11AI.4783

Amount of Each Receipt this Period
 500.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Stephen W. Metz

Mailing Address 215 S Monroe St
Ste 505

City State Zip Code
Tallahassee FL 32301-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
METZ, HUSBAND & DALTON ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period
 500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
AMANDA MOORE

Mailing Address 3908 BOBBIN BROOK CIRCLE

City State Zip Code
TALLAHASSEE FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOUSEWIFE HOUSEWIFE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5677

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID M. MOORE Sr.

Mailing Address 526 RIVERPOND COURT

City State Zip Code
TALLAHASSEE FL 32312

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CAPITAL INSURANCE aGENCY INSURANCE AGENCY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5297

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Michael Moore

Mailing Address 2901 Tyron Circle

City State Zip Code
Tallahassee FL 32309

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LCS Board Administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4814

Amount of Each Receipt this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Michael Moore

Mailing Address 2901 Tyron Circle

City State Zip Code
Tallahassee FL 32309

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LCS Board Administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHRIS MOYA		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2012	
Mailing Address WHITTONDALE DRIVE		Transaction ID : SA11AI.5474	
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer MOYA GROUP	Occupation CONSULTANT		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. Johnny L. Nash		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2012	
Mailing Address 1407 Conservancy Drive E.		Transaction ID : SA11AI.4789	
City Tallahassee	State FL	Zip Code 32312	Amount of Each Receipt this Period _____ 300.00 Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Consultant		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 800.00		

Full Name (Last, First, Middle Initial) C. Randy Nelson		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012	
Mailing Address 134 Kathy Ann Dr.		Transaction ID : SA11AI.5777	
City Crawfordville	State FL	Zip Code 32327	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer Contractor	Occupation Self Employed		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 550.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1300.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RUENA W. NORMAN

Mailing Address 3931 FORSYTHE WAY

City TALLAHASSEE State FL Zip Code 32309-2548

FEC ID number of contributing federal political committee. **C**

Name of Employer **FAMU** Occupation **Professor**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.5254

Amount of Each Receipt this Period
25.00

COONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Robert Nylan

Mailing Address 2526 Millstone Plantation Rd

City Tallahassee State FL Zip Code 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer **EARL BACON AGENCY** Occupation **INSURANCE AGENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
KIM O'CONNER

Mailing Address 331 skate drive

City Tallahassee State FL Zip Code 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2012

Transaction ID : SA11AI.5092

Amount of Each Receipt this Period
500.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

775.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RHETT EDWIN ODOSKI

Mailing Address 510 E. 6TH AVE.

City State Zip Code
TALLAHASSEE FL 32303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DBA RHETT O'DOSKI CONSULTING CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5277

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Peter Okonkwo

Mailing Address 361 Collinsford Rd

City State Zip Code
Tallahassee FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYD ARCHITECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period
 250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Donald Palm III

Mailing Address 168 Sand Pine Trail

City State Zip Code
Crawfordville FL 32327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FAMU - STATE OF FLORIDA PROFESSOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
 250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PATSY PALMER

Mailing Address 117 MYERS PARK DRIVE

City State Zip Code
TALLAHASSEE FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DARYL PARKS

Mailing Address 240 N. MAGNOLIA DRIVE

City State Zip Code
TALLAHASSEE FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PARKS AND CRUMP, LLC ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5848

Amount of Each Receipt this Period
 2200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Nancy Peaden

Mailing Address P O Box 1239

City State Zip Code
Crestview FL 32536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : SA11AI.5455

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JENNIFER PEARCE

Mailing Address P.O. BOX 2535

City State Zip Code
TALLAHASSEE FL 32316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHS MANAGEMENT, LLC CONSULTANT-STUDENT HOUSING

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11Al.5285

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
George L Pegram

Mailing Address 2671 Mills Creek Rd

City State Zip Code
Chulinta FL 32766

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED BUSINESS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11Al.4677

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Jeffrey W Pepper

Mailing Address 310 W Jefferson St

City State Zip Code
Tallahassee FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JEFFERSON MANAGEMENT CORP REALTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11Al.4681

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Leonard Pepper

Mailing Address **PO Box 174**

City **Tallahassee** State **FL** Zip Code **32302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period
250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Dr. H. B. PINKNEY

Mailing Address **P. O. BOX 6302**

City **TALLAHASSEE** State **FL** Zip Code **32314-6302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.5324

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Jay A. Reeve

Mailing Address **168 Rosehill Drive W**

City **Tallahassee** State **FL** Zip Code **32312**

FEC ID number of contributing federal political committee. **C**

Name of Employer **APALACHEE CENTER** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period
500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Reyes

Mailing Address 108 South Monroe Street
Suite 200

City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer FLORIDA PARTNER LLC Occupation CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.4785

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Connie E Richardson

Mailing Address 2740 Hickory Ridge Rd

City Tallahassee State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11AI.4829

Amount of Each Receipt this Period
 Contribution 100.00

C. Full Name (Last, First, Middle Initial)
Craig L Richardson

Mailing Address PO Box 38055

City Tallahassee State FL Zip Code 32315

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
 Contribution 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROSE RIGBY

Mailing Address 711 LUPINE LANE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation JANITOR SERVICE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Eric Riley

Mailing Address 5351 Carisbrooke Lane

City Tallahassee State FL Zip Code 32309

FEC ID number of contributing federal political committee. **C**

Name of Employer FEA Occupation CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.4820

Amount of Each Receipt this Period
 250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. ADAMS J. ROBERTS

Mailing Address 502 CONCORD ROAD

City TALLAHASSEE State FL Zip Code 32308-6208

FEC ID number of contributing federal political committee. **C**

Name of Employer GMA CONSULTING Occupation CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5398

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. LAURA G. ROBERTS

Mailing Address 502 CONCORD ROAD

City TALLAHASSEE State FL Zip Code 32308-6208

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS ROLLINS

Mailing Address 730 ROLLINS STREET

City TALLAHASSEE State FL Zip Code 32304

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11AI.5159

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES ROSENBERG

Mailing Address 2504 HARRIMAN CIRCLE

City TALLAHASSEE State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer **ROSE PRINTTING** Occupation **BUSINESS OWNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11AI.5013

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald Sachs

Mailing Address 303 Rose Hill Drive East

City State Zip Code
Tallahassee FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SACH COMMUNICATION BUSINESS OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
William R Schossler

Mailing Address 3159 Mulberry Park Ct

City State Zip Code
Tallahassee FL 32311-3614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WHITE FOUNDATION CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
EDWARD SCOTT

Mailing Address 1100 E. TENNESSEE STREET

City State Zip Code
TALLAHASSEE FL 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FAITH DENTAL CENTER DENTIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.5660

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jeffrey Sharkey

Mailing Address PO Box 10775

City State Zip Code
Tallahassee FL 32302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Capitol Alliance Group Government Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5754

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LINDA SHELLEY

Mailing Address 3018 SOUTHSORE CIRCLE

City State Zip Code
TALLAHASSEE FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FOWLER WHITE BOGGS PA ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5862

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Garry Simmons

Mailing Address P.O. Box 15005

City State Zip Code
Tallahassee FL 32317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DATA SET READY CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11AI.4873

Amount of Each Receipt this Period
 500.00

CONTRRIUTIONS

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES SIMMONS

Mailing Address 305 CREEK WOOD TRAIL

City FAYETTEVILLE State GA Zip Code 30214

FEC ID number of contributing federal political committee. **C**

Name of Employer CLAYTON COUNTY PUBLIC SCHOOL S Occupation TEACHER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5839

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JACK SKELDING

Mailing Address P. O. BOX 669

City TALLAHASSEE State FL Zip Code 32302-0669

FEC ID number of contributing federal political committee. **C**

Name of Employer BREWTON PLANTE Occupation CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11AI.4956

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES F. SLATTERY

Mailing Address 8150 PERRY MAXWELL CIRCLE

City SARASOTA State FL Zip Code 34240

FEC ID number of contributing federal political committee. **C**

Name of Employer JCMS PROPERTIES Occupation CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5283

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Annie D Sloan

Mailing Address 4420 Shannon Lakes W.

City Tallahassee	State FL	Zip Code 32309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period
 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Annie D Sloan

Mailing Address 4420 Shannon Lakes W.

City Tallahassee	State FL	Zip Code 32309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Jared V Sokol

Mailing Address 2615 Marston Rd

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASTRAZENECA LP.	Occupation EXECUTIVE DISTRICT SALES MANAGER
-------------------------------------	--

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11AI.4838

Amount of Each Receipt this Period
 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MACK SWAIN

Mailing Address 121 LESLIE LEWIS ROAD

City State Zip Code
HANAVA FL 32333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED FOOD DISTRIBUTION

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11AI.5881

Amount of Each Receipt this Period
250.00

In-kind - FOOD -FISH FRY

B. Full Name (Last, First, Middle Initial)
DALTON TATE Jr.

Mailing Address 7150 OX BOW CIRCLE

City State Zip Code
TALLAHASSEE FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAPITAL INSURANCE AGENCY INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5295

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Nancy Texeria

Mailing Address 1392 Old Village Court

City State Zip Code
Tallahassee FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self employed consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
321.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.5940

Amount of Each Receipt this Period
321.00

In-kind - infirmation for campaign

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1071.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 88
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Chalmus Thomas

Mailing Address 3115 Parkridge Dr

City Tallahassee State FL Zip Code 32305

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 16 / 2012

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
RONALD THOMPkins

Mailing Address 3841 SW 144TH TERRACE

City MIRAMAR State FL Zip Code 33027

FEC ID number of contributing federal political committee. **C**

Name of Employer **TCBA WATSON RICE** Occupation **CPA**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 28 / 2012

Transaction ID : SA11AI.5735

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Dennis Tribble

Mailing Address 1632 Metropolitan Cir

City Tallahassee State FL Zip Code 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer **LLT BLDG. CORP** Occupation **CONSTRUCTION**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL UNDERWOOD

Mailing Address P. O. BOX 10234

City State Zip Code
TALLAHASSEE FL 32302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
R. MICHAEL UNDERWOOD, PA ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5856

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. Harold Uzzell

Mailing Address 2260 wednesday st

City State Zip Code
tallahassee FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
sUZZELL ADVERTISING advertising

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2012

Transaction ID : SA11AI.5929

Amount of Each Receipt this Period
 1000.00

In-kind -graphic design/script writing

C. Full Name (Last, First, Middle Initial)
Mr. Harold Uzzell

Mailing Address 2260 wednesday st

City State Zip Code
tallahassee FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
sUZZELL ADVERTISING advertising

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5676

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 88
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIS WALTER

Mailing Address **6704 MERRYVALE LANE**

City **PORT ORANGE** State **FL** Zip Code **32128**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BETHUNE-COOKMAN UNIVERSITY** Occupation **EDUCATOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11Al.5743

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Wayne Whiddon

Mailing Address **PO Box 1086**

City **Havana** State **FL** Zip Code **32333**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE FEED STORE** Occupation **CATTLE LIVESTOCK**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11Al.4691

Amount of Each Receipt this Period
500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
J Larry Williams

Mailing Address **PO Box 10235**

City **Tallahassee** State **FL** Zip Code **32302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GUNSTER LAW FIRM** Occupation **CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11Al.4769

Amount of Each Receipt this Period
250.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

72896.68

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 88
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE, (AFL-CIO)

Mailing Address 1625 L STREET N. W.

City State Zip Code
WASHINGTON, DC 20036

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11C.5733

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRIDGE PAC

Mailing Address 499 s capital st. sw ste.422

City State Zip Code
WASHINGTON DC 20003-4009

FEC ID number of contributing federal political committee. **C** C00399196

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11C.5769

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 1631

City State Zip Code
BALTIMORE MD 21203

FEC ID number of contributing federal political committee. **C** C00310318

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11C.6281

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 88
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Florida Police Benevolent Association, friends of Law Enforcement PAC

Mailing Address 300 brevard street
 City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C C00349639**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11C.5774

Amount of Each Receipt this Period
2500.00
 contribution

B. Full Name (Last, First, Middle Initial)
Florida Police Benevolent Association, friends of Law Enforcement PAC

Mailing Address 300 brevard street
 City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C C00349639**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11C.5776

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HASTINGS FOR CONGRESS

Mailing Address P.O. BOX 100277
 City FT. LAUDERDALE State FL Zip Code 33310

FEC ID number of contributing federal political committee. **C C00269837**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11C.6279

Amount of Each Receipt this Period
1000.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... **6000.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 88
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEADERSHIP THAT LISTENS

Mailing Address P.O. BOX 44084

City State Zip Code
FORT WASHINGTON MD 20749

FEC ID number of contributing federal political committee. **C** C00456905

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11C.5739

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

15000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 88			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. A&N Enterprises		Date of Disbursement MM / DD / YYYY 06 / 01 / 2012
Mailing Address 400 North Adams		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5800
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement CLEANING & MAINTENCE	Category/ Type 001
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 02	

Full Name (Last, First, Middle Initial) B. A&N Enterprises		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address 400 North Adams		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5591
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement CLEANING	Category/ Type 001
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 02	

Full Name (Last, First, Middle Initial) c. Actblue		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 14 arrow street, suiite 11		Amount of Each Disbursement this Period 630.72 Transaction ID : SB17.5905
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement service fees	Category/ Type 003
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1230.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Political Signs		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 2321 Pembroke Rd		Amount of Each Disbursement this Period 6784.00 Transaction ID : SB17.6380
City Hollywood	State FL	
Purpose of Disbursement Campaign Advertisement	Category/ Type 004	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) B. Andrews Catering		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 400 North Adams		Amount of Each Disbursement this Period 1296.00 Transaction ID : SB17.5553
City Tallahassee	State FL	
Purpose of Disbursement Fundraising dorthy b oven	Category/ Type 003	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) c. Harry K. Arnold		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address PO Box 4103		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5873
City Tallahassee	State FL	
Purpose of Disbursement In-kind - CATER-FISH- FRY	Category/ Type 003	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

SUBTOTAL of Disbursements This Page (optional).....	8580.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 88	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Derron Benett		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2012
Mailing Address 3003 KEVIN STREET		Amount of Each Disbursement this Period 1150.00 Transaction ID : SB17.5933
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement In-kind - computer/it	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Derron Benett		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 3003 KEVIN STREET		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5541
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Techonology/Photo	Category/ Type 004
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) c. Mr. Derron Benett		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 3003 KEVIN STREET		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5558
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Information Technology Personnel	Category/ Type 001
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 88	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. BIG BROTHER & BIG SISTER

Full Name (Last, First, Middle Initial)
Mailing Address 565 EAST TENNESSEE STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement GOLF TOURNAMENT

Candidate Name AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Date of Disbursement: 05 / 02 / 2012

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.5548

Category/Type: 004

B. Capitol Outlook

Full Name (Last, First, Middle Initial)
Mailing Address 225 east jenning street

City tallahassee State FL Zip Code 32301

Purpose of Disbursement Newspaper Ad

Candidate Name AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Date of Disbursement: 06 / 05 / 2012

Amount of Each Disbursement this Period: 378.00

Transaction ID : SB17.5577

Category/Type: 004

C. Ms ELIZABETH CASIMIR

Full Name (Last, First, Middle Initial)
Mailing Address 1800 MICCOSUKEE COMMONS DR. #611

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement CAMPAIGN SUPPLY WORK

Candidate Name AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Date of Disbursement: 04 / 27 / 2012

Amount of Each Disbursement this Period: 280.00

Transaction ID : SB17.5807

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 958.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 88			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms ELIZABETH CASIMIR		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 1800 MICCOSUKEE COMMONS DR. #611		Amount of Each Disbursement this Period 515.00 Transaction ID : SB17.5810
City TALLAHASSEE State FL Zip Code 32308	Purpose of Disbursement ADMINISTRATIVE DUTIES 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. Century Link		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 1410 Market Streer		Amount of Each Disbursement this Period 143.42 Transaction ID : SB17.5485
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement TELEPHONE FOR CAMPAIGN 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Century Link		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 1410 Market Streer		Amount of Each Disbursement this Period 75.97 Transaction ID : SB17.5493
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement TELEPHONE EXPENCE 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	734.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 88			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Century Link		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 1410 Market Streer		Amount of Each Disbursement this Period 75.97
City Tallahassee	State FL Zip Code 32301	
Purpose of Disbursement Campaign Office Telephone	Category/Type 001	Transaction ID : SB17.5561
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 02	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. CHARACTER LINE		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 2008GARDENBROOK LANE		Amount of Each Disbursement this Period 1000.00
City TALLAHASSEE	State FL Zip Code 32301	
Purpose of Disbursement CAMPAIGN T-SHIRT	Category/Type 003	Transaction ID : SB17.5503
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 02	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. City of Tallahassee		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 225 E Jennings Street		Amount of Each Disbursement this Period 683.75
City Tallahassee	State FL Zip Code 32301	
Purpose of Disbursement PARK RENTAL	Category/Type 003	Transaction ID : SB17.5490
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 02	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1759.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COSTCO WHOLESALE		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 4067 LAGNIAPPE WAY		Amount of Each Disbursement this Period 212.72 Transaction ID : SB17.5710
City TALLAHASSEE State FL Zip Code 32317	Purpose of Disbursement GHAZINI FUNDRAISER 003 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. COSTCO WHOLESALE		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 4067 LAGNIAPPE WAY		Amount of Each Disbursement this Period 176.00 Transaction ID : SB17.5682
City TALLAHASSEE State FL Zip Code 32317	Purpose of Disbursement SUPPLIES CAMPAIGN-WATERMELON FESTIVAL 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) C. COSTCO WHOLESALE		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 4067 LAGNIAPPE WAY		Amount of Each Disbursement this Period 118.18 Transaction ID : SB17.5695
City TALLAHASSEE State FL Zip Code 32317	Purpose of Disbursement FISH FRY SUPPLIES 003 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	506.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cumulus Radio		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 3411 W tharpe st.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5587
City Tallahassee State FL Zip Code 32303	Purpose of Disbursement Radio Ads 004 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Data Set Ready		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address P.O. Box 15005		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5550
City Tallahassee State FL Zip Code 32317	Purpose of Disbursement Refund Contribution 010 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 3308-B CAPITAL CIRCLE SW		Amount of Each Disbursement this Period 459.20 Transaction ID : SB17.5716
City TALLAHASSEE State FL Zip Code 32310	Purpose of Disbursement NANCY AIRLINE TICKET FOR WASHINGTON DC 002 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1459.20
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 3308-B CAPITAL CIRCLE SW		Amount of Each Disbursement this Period 459.20 Transaction ID : SB17.5726
City TALLAHASSEE State FL Zip Code 32310	Purpose of Disbursement DC MEETING/FUNDRAISER-AL LAWSON Category/Type 002	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. DELTA		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 3308-B CAPITAL CIRCLE SW		Amount of Each Disbursement this Period 459.20 Transaction ID : SB17.5600
City TALLAHASSEE State FL Zip Code 32310	Purpose of Disbursement VINCENT AIRINE TICKET FOR WASHINGTON Category/Type 002	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) C. DUPONT INSURANCE AGENCY		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address 1229 NORTH MONROE		Amount of Each Disbursement this Period 409.65 Transaction ID : SB17.5494
City TALLAHASSEE State FL Zip Code 32303	Purpose of Disbursement INSURANCE COVERAGE FOR FUNDRAISER Category/Type 007	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1328.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Vincent Evans		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 3232 Carlotta Road		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5811
City Middleburg State FL Zip Code 32068	Purpose of Disbursement EVENT PLANNING 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. Mr. Vincent Evans		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 3232 Carlotta Road		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5556
City Middleburg State FL Zip Code 32068	Purpose of Disbursement Event Planner 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) C. Mr. Vincent Evans		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 3232 Carlotta Road		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5581
City Middleburg State FL Zip Code 32068	Purpose of Disbursement Event Planner 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 88			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Vincent Evans		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 3232 Carlotta Road		Amount of Each Disbursement this Period 32.41 Transaction ID : SB17.5870
City Middleburg State FL Zip Code 32068	Purpose of Disbursement In-kind - MATERIAL FOR FISH FRY, ICE CREAM,BALOONS Category/Type 003	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. Deborah Fairhurst		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 2415 Old Saint Augustine Road		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5559
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement Campaign Coordinating activities Category/Type 001	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) c. Deborah Fairhurst		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2012
Mailing Address 2415 Old Saint Augustine Road		Amount of Each Disbursement this Period 177.21 Transaction ID : SB17.5890
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement SUPPLIES FOR CAMPAIGN Category/Type 001	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2209.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 88	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Deborah Fairhurst		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 2415 Old Saint Augustine Road		Amount of Each Disbursement this Period 748.00 Transaction ID : SB17.5894
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement FOOD AND SUPPLIES FOR FUND RAISER	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FASTSIGN		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 1920 NORTH MONROE		Amount of Each Disbursement this Period 752.64 Transaction ID : SB17.5684
City TALLAHASSEE	State FL	
Zip Code 32303	Purpose of Disbursement BANNERS	Category/ Type 004
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) c. Thad Fortune		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address P.O. Box 11294		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.5098
City Tallahassee	State FL	
Zip Code 32302	Purpose of Disbursement RECEPTION-	Category/ Type 003
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2350.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 88			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gadsden County Times		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 15 south Madison Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5569
City Quincy	State FL	
Zip Code 32351	Purpose of Disbursement Purchase of Tickets and Ad	Category/ Type 001
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) B. Alma R. Gonzalez		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 1105 High Meadow Drive		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5885
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement In-kind - RESEARCH/DATA	Category/ Type
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) C. GOOGLE ROBODIAL .ORG,LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 312 WOODLAND AVE		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.5694
City MEDIA	State PA	
Zip Code 19063	Purpose of Disbursement ROBO CALL TO JACKSON COUNTY	Category/ Type 004
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2320.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 88	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JW MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 1331 PENNSYLVANIA		Amount of Each Disbursement this Period 525.11 Transaction ID : SB17.5604
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement VINCENT EVANS HOTEL 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02		

Full Name (Last, First, Middle Initial) B. KMR CONSULTANTS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 3065 HIGHLAND OAKS TERR		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5546
City TALLAHASSEE State FL Zip Code 32301	Purpose of Disbursement RETURN CONPORATE CHECK 010 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02		

Full Name (Last, First, Middle Initial) C. Mr. ALFRED LAWSON JR. Jr.		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 400 NORTH ADAMS STREET		Amount of Each Disbursement this Period 748.00 Transaction ID : SB17.5879
City TALLAHASSEE State FL Zip Code 32301	Purpose of Disbursement In-kind - FISH & ICE CREAM Category/Type	
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1773.11
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 88	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. RUDY Maloy		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 2324 NAPOLEAN BONAPARTE DR.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5798
City TALLAHASSEE State FL Zip Code 32308	Purpose of Disbursement MANAGING CAMPAIGN 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. Mr. RUDY Maloy		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 2324 NAPOLEAN BONAPARTE DR.		Amount of Each Disbursement this Period 1692.68 Transaction ID : SB17.5936
City TALLAHASSEE State FL Zip Code 32308	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) C. MARRIOTT AT METRO CENTER		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 775 12TH ST NW		Amount of Each Disbursement this Period 342.36 Transaction ID : SB17.5606
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement SENATOR LAWSON HOTEL 002 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	4535.04
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 88	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARRIOTT AT METRO CENTER		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 775 12TH ST NW		Amount of Each Disbursement this Period 358.51 Transaction ID : SB17.6381
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Hotel	Category/ Type 001
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) B. NORTH FLORIDA FAIR GROUND		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 441 PAUL RUSSELL ROAD		Amount of Each Disbursement this Period 1937.00 Transaction ID : SB17.5505
City TALLAHASSEE	State FL	
Zip Code 32301	Purpose of Disbursement FACILITY RENTAL	Category/ Type 003
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 1416 APALACHEE PARKWAY		Amount of Each Disbursement this Period 335.78 Transaction ID : SB17.5488
City TALLAHASSEE	State FL	
Zip Code 32301	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2631.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 88
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. OFFICE DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 1416 APALACHEE PARKWAY

Date of Disbursement: 04 / 26 / 2012

City: TALLAHASSEE State: FL Zip Code: 32301

Purpose of Disbursement: OFFICE SUPPLIES Category/Type: 001

Candidate Name: AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Amount of Each Disbursement this Period: 127.32
Transaction ID : SB17.5598

B. OFFICE DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 1416 APALACHEE PARKWAY

Date of Disbursement: 04 / 27 / 2012

City: TALLAHASSEE State: FL Zip Code: 32301

Purpose of Disbursement: OFFICE SUPPLIES Category/Type: 001

Candidate Name: AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Amount of Each Disbursement this Period: 58.02
Transaction ID : SB17.5599

C. OFFICE DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 1416 APALACHEE PARKWAY

Date of Disbursement: 04 / 30 / 2012

City: TALLAHASSEE State: FL Zip Code: 32301

Purpose of Disbursement: OFFICE SUPPLIES Category/Type: 001

Candidate Name: AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Amount of Each Disbursement this Period: 326.74
Transaction ID : SB17.5804

SUBTOTAL of Disbursements This Page (optional) 512.08

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

A. OFFICE DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 1416 APALACHEE PARKWAY

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FUNDRAISER INVITES Category/Type 001

Candidate Name AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Date of Disbursement: 05 / 02 / 2012

Amount of Each Disbursement this Period: 105.30
Transaction ID : SB17.5700

B. OFFICE DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 1416 APALACHEE PARKWAY

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement Supplies Category/Type 001

Candidate Name AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Date of Disbursement: 06 / 14 / 2012

Amount of Each Disbursement this Period: 507.47
Transaction ID : SB17.5582

C. OFFICE DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 1416 APALACHEE PARKWAY

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement CAMPAIGN MATERIAL Category/Type 006

Candidate Name AL LAWSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: FL District: 02

Date of Disbursement: 06 / 19 / 2012

Amount of Each Disbursement this Period: 75.22
Transaction ID : SB17.5688

SUBTOTAL of Disbursements This Page (optional) 687.99

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 88	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 1416 APALACHEE PARKWAY		Amount of Each Disbursement this Period 26.43 Transaction ID : SB17.6384
City TALLAHASSEE State FL Zip Code 32301	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 1700 NORTH MONROE STREET		Amount of Each Disbursement this Period 63.24 Transaction ID : SB17.5707
City TALLAHASSEE State FL Zip Code 32303	Purpose of Disbursement FOOD TO GHAZVINI FUNDRAISER 003 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2012
Mailing Address 1700 NORTH MONROE STREET		Amount of Each Disbursement this Period 52.92 Transaction ID : SB17.5711
City TALLAHASSEE State FL Zip Code 32303	Purpose of Disbursement STEERING COMM. MEETING 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	142.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 88			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 1700 NORTH MONROE STREET		Amount of Each Disbursement this Period 95.69
City TALLAHASSEE State FL Zip Code 32303	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.5686
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 1700 NORTH MONROE STREET		Amount of Each Disbursement this Period 49.47
City TALLAHASSEE State FL Zip Code 32303	Purpose of Disbursement OFFICE EXPENSE 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		Transaction ID : SB17.5691
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) c. Ray's Odd Jobs		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 6106 LAGA WAY		Amount of Each Disbursement this Period 400.00
City TALLAHASSEE State FL Zip Code 32311	Purpose of Disbursement TENT RENTAL 007 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		Transaction ID : SB17.5484
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	545.16
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John Reid		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 400 Capital Circle SE		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.5540
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Planning/design	Category/ Type 001
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) B. John Reid		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 400 Capital Circle SE		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.5560
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Planning Analyst	Category/ Type 001
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) C. RICHIR OUTREACH		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address ONLINE		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.5491
City TALLAHASSEE	State FL	
Zip Code 32301	Purpose of Disbursement COMPUTER TRAINING FOR CAMPAIGN STAFF	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6360.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 88			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RUN AND WIN.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address P.O. BOX 2096		Amount of Each Disbursement this Period 429.00 Transaction ID : SB17.5719
City AIKEN	State SC	
Zip Code 29802	Purpose of Disbursement CAMPAIGN FANS	Category/ Type 006
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) B. MACK SWAIN		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 121 LESLIE LEWIS ROAD		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5589
City HANA VA	State FL	
Zip Code 32333	Purpose of Disbursement CATERING	Category/ Type 007
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) C. MACK SWAIN		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 121 LESLIE LEWIS ROAD		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5886
City HANA VA	State FL	
Zip Code 32333	Purpose of Disbursement In-kind - FOOD -FISH FRY	Category/ Type 003
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1279.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tallahassee Democrat		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 277 north magnolla		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.5949
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement ADVERTISING 004 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. Tallahassee Urban League		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 923 Old Bainbridge Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5566
City Tallahassee State FL Zip Code 32303	Purpose of Disbursement Sponsorship and Aid 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) c. Nancy Texeria		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 1392 Old Village Court		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.5805
City Tallahassee State FL Zip Code 32312	Purpose of Disbursement FUND RAISING 003 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 88			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nancy Texeria		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 1392 Old Village Court		Amount of Each Disbursement this Period 321.00 Transaction ID : SB17.5941
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement In-kind - infirmation for campaign	Category/ Type 001
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) B. Nancy Texeria		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 1392 Old Village Court		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.5538
City Tallahassee	State FL	
Zip Code 32312	Purpose of Disbursement Fundraising	Category/ Type 003
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) c. Union Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 2321 PEMBROKE ROAD		Amount of Each Disbursement this Period 2809.39 Transaction ID : SB17.5482
City HOLLYWOOD	State FL	
Zip Code 33020	Purpose of Disbursement BROCHURES/LETTERHEAD/ENVELOPES	Category/ Type 006
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

SUBTOTAL of Disbursements This Page (optional).....	7130.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Union Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 2321 PEMBROKE ROAD		Amount of Each Disbursement this Period 237.54 Transaction ID : SB17.5552
City HOLLYWOOD State FL Zip Code 33020	Purpose of Disbursement shipping cost for Yard Sign 004 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. Union Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 2321 PEMBROKE ROAD		Amount of Each Disbursement this Period 209.10 Transaction ID : SB17.5564
City HOLLYWOOD State FL Zip Code 33020	Purpose of Disbursement Yard Sign shipment cost 006 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address Park Avenue Station		Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.5597
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement POSTAGE FOR FUNDRAISER 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	581.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 88			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address Park Avenue Station		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.5701
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address Park Avenue Station		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.5702
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address Park Avenue Station		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.5579
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement Stamps 001 Category/Type	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 88	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AL LAWSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Harold Uzzell		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 2260 wednesday st		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5930
City tallahassee	State FL Zip Code 32301	
Purpose of Disbursement In-kind -graphic design/script writing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wakulla Democractic Executive Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address P.O. Box 766		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5496
City Crawfordville	State FL Zip Code 32326-0766	
Purpose of Disbursement Campaign Ad	Category/Type 004	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

Full Name (Last, First, Middle Initial) c. Van Wilson		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 8240 LITTLE TERRY CIRCLE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5498
City TALLAHASSEE	State FL Zip Code 32311	
Purpose of Disbursement DJ	Category/Type 007	
Candidate Name AL LAWSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	61735.53

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4620

AL LAWSON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

Mr. ALFRED LAWSON JR. Jr.

Primary

General

Other (specify) ▼

Mailing Address

400 NORTH ADAMS STREET

City

State

ZIP Code

TALLAHASSEE

FL

32301

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

10

2010

12/31/2012

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

1000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **AL LAWSON FOR CONGRESS** Transaction ID : **SC/10.4618**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2010
ALFRED LAWSON JR. Primary
 Mailing Address General
 400 NORTH ADAMS STREET Other (specify) ▼

City State ZIP Code
 TALLAHASSEE FL 32301

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 06 / 30 / 2010 / 12/31/2012

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **AL LAWSON FOR CONGRESS** Transaction ID : **SC/10.4622**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2010
Mr. ALFRED LAWSON JR. Jr.
 Primary
 General
 Other (specify) ▼

Mailing Address
 400 NORTH ADAMS STREET
 City State ZIP Code
 TALLAHASSEE FL 32301

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	1555.27	28444.73

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 19 / 2010	12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	28444.73
TOTALS This Period (last page in this line only).....	▶	31444.73

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.