3	1-	J-)	
R	c	35	17	10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends for Kiwan Lawson							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Kia Wrice	Self-employed/Attorney		 			1	
Street Address	Description of Item or Service		M	D	Y	Fair Market Va	
7285 Linda Tr <u>ace</u>	Event Expense		013			<u> </u>	64.49
City	State Zip Code		Received		aising Ev	_	
Columbus		3068	<u>√</u> ,	_		NO.	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Kia Wrice	Self-employed/Attorney		<u> </u>				
Street Address	Description of Item or Service		M	D	Y	Fair Market V	
7285 Linda Trace	Printing		013				<u> 154.80</u>
City	State Zip Code		Received		aising Ev	_	
Columbus		3068		YES		<u> </u>	
Full Name of Contributor	Employer, Occupation, Labor C		Registrati	on Numl	ber, if PA	AC	
Kia Wrice	Self-employed/.	<u>Attornev</u>					
Street Address	Description of Item or Service		М	D	Y .	Fair Market V	
7285 Linda Trace	Printing	ξ			1 5	<u> </u>	145.13
City	State Zip Code		Received		raising E		
Columbus	O H 4	<u> 3068 </u>	_	YES		<u>√</u> 8.0	
Full Name of Contributor	Employer, Occupation, Labor C	rganization *	Registrati	on Num	ber, if PA	AC	
Kia Wrice	Self-employed/	Attorn <u>ev</u>	_				
Street Address	Description of Item or Service		M	D	Y	Fair Market V	
7285 Linda Trace	Event Expe	ense	0 3	218	115	<u> </u>	46.68
City	State Zip Code		Received		raising E	vent?	
Columbus	O H 43068			YES		N0	
Full Name of Contributor	Employer, Occupation, Labor C	rganization *	Registrati	ion Num	ber, if PA	AC	
Street Address Description of Item or Service			М	D	Y	Fair Market V	alue
Street Address	Description of term of Service			1		<u> </u>	
City	State Zip Code		Received		raising E	_	
	<u> </u>			YES		NO	
Full Name of Contributor	Employer, Occupation, Labor C	rganization *	Registrat	ion Num	ber, if P	AC	
Street Address	Description of Item or Service	_	M	D	Y	Fair Market V	alue
<u></u>					<u> </u>	<u> </u>	
City	State Zip Code		Received	l at Fund YES	raising E	ivent?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market V	/alue
City	State Zip Code		Received at Fundraising Event? YES NG				
Full Name of Contributor	Employer, Occupation, Labor (Employer, Occupation, Labor Organization		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market \	/alue
City	State Zip Code		Received		iraising E	Event?	
			<u> </u>	YES			

Page Total \$	411.10_
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[•] Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]