

In-Kind Contributions Received

Prescribed by: Secretary of State 3/05

Name of Committee in Full Friends for Kiwan Lawson				
Full Name of Contributor Kia Wrice		Employer, Occupation, Labor Organization * Self-employed/Attorney		Registration Number, if PAC
Street Address 7285 Linda Trace		Description of Item or Service Event Expense		M D Y Fair Market Value 0 3 2 8 1 5 64.49
City Columbus	State OH	Zip Code 43068	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Kia Wrice		Employer, Occupation, Labor Organization * Self-employed/Attorney		Registration Number, if PAC
Street Address 7285 Linda Trace		Description of Item or Service Printing		M D Y Fair Market Value 0 3 2 8 1 5 154.80
City Columbus	State OH	Zip Code 43068	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Kia Wrice		Employer, Occupation, Labor Organization * Self-employed/Attorney		Registration Number, if PAC
Street Address 7285 Linda Trace		Description of Item or Service Printing		M D Y Fair Market Value 0 4 0 2 1 5 145.13
City Columbus	State OH	Zip Code 43068	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Kia Wrice		Employer, Occupation, Labor Organization * Self-employed/Attorney		Registration Number, if PAC
Street Address 7285 Linda Trace		Description of Item or Service Event Expense		M D Y Fair Market Value 0 3 2 8 1 5 46.68
City Columbus	State OH	Zip Code 43068	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]