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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							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
7285 Linda Trace	Event Expense				218			64.49
City	State	Ì	Zip Code		d at Fundi	raising Ev	ent?	
Columbus	lo L	H	43068	1	YES		N0	
Full Name of Contributor	Employer, (Registration Number, if PAC						
Kia Wrice	Self-employed/Attorney							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
7285 Linda Trace	Printing			013	218	1 5		154.80
City	State Zip Code			Received at Fundraising Event?				
Columbus		$H \mid$	43068		YES		√]×6	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Kia W ri ce	Self-employed/Attorney							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
7285 Linda Trace			Printing	0 4	012	1 5		145.13
City	State		Zip Code	Receive	d at Fund	raising Ev	vent?	
Columbus		H	43068	[YES		√Nα	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Kia Wrice	Self-employed/Attorney							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
7285 Linda Trace	Event Expense			013	2 8	115		46.68
City	State		Zip Code		datFund		vent ^o	
Columbus	0 1	H	43068	1	YES		Nc	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
				1 14	Τъ	ΙΥ	Fair Market Value	
Street Address	Description of Item or Service		M		l 'i	ran Market Value		
	State		Zip Code	Pagairo	d at Fund	misina Er	vent?	
City	J. State		Zip Code	I C	YES	i aistiigi E	□so	
T HAY COLA TANK	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Full Name of Contributor	Employer, Occupation, Cabor Organization			regulation reality, is 1110.				
Street Address	Description of Item or Service		м	I D	Y	Fair Market Value		
Sacet Addices			1 1	li	1 1			
City	State		Zip Code	Receive	d at Fund	raising E	vent?	
cuy			F	1 [YES	-	□no	į
Full Name of Contributor	Employer.	Occupa	ation, Labor Organization *	Registra	tion Nur	ber, if P/	AC	
The rank of Conditional	,			~				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	:	Zip Code	Receive	d at Fund	raising E	vent?	
					YES		∏NG	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
							<u> </u>	
City	State	;	Zip Code	Receive	d at Fund	raising E	_	
				\perp	YES		N6	

[•] 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)}