

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 013 218 115 64.49 |
| City Columbus | | State O H | 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 013 218 115 154.80 |
| City Columbus | | State O H | 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 014 012 115 145.13 |
| City Columbus | | State O H | 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 013 218 115 46.68 |
| City Columbus | | State O H | 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))