31-J-1	
R.C. 3517.10	

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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		
Street Address	Description of Item or Service	M D Y Fair Market Value	
7285 Linda Trace	Printing	0   4   2   8   1   5   192.38	
	State Zip Code	Received at Fundraising Event?	
City	O   H   43068	YES NO	
Columbus	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Pull Name of Contributor	Employor, Coordinated To British		
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code	Received at Fundraising Event?  YES NG	
	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Full Name of Contributor	Employer, Occupation, Labor Organization	registration is an area of the control of the contr	
Street Address	Description of Item or Service	M D Y Fair Market Value	
Cinc	State Zip Code	Received at Fundraising Event?	
City	1 1 1	YES 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?  YES NG	
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	
	State Zip Code	Received at Fundraising Event?	
City	State Zip Code	YES 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?  YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
	Description of Item or Service	M D Y Fair Market Value	
Street Address	Description of them of Service		
City	State Zip Code	Received at Fundraising Event?  YES NG	
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?  YES  NO	
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<sup>\*</sup> 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)]