31-	J-	
R.C.	351	7.10

Page	3

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			
Kiwan Lawson	<u> </u>					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
1172 Koebel Road	Legal Services		019	216	116	482.68
City	State	Zîp Code	Received			ent?
Columbus	$O \mid H$	43207		YES		√N0
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	1	•				
Street Address	Description of Item or Service		М	Đ	Y	Fair Market Value
	,			1	t t	
City	State	Zip Code	Received	at Fundi	aising Ev	ent?
·	1	'	\perp	YES	•	∏NG
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Num	ber, if PA	<u> </u>
		, , -	1		,	
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
5000.104.03	b escription of the			1	1	
City	State	Zip Code	Received	at Funds	aisino Fy	ent?
City	1	Zip Code		YES		□NG
Full Name of Contributor	Employer Occur	ation, Labor Organization *	Registrat		her if PA	
Pull Name of Contributor	Linployer, Occup	ation, tator Organization	Registration Number, if PAC			
Street Address	Description of Ite	m or Senice	М	D	Y	Fair Market Value
Sireet Address	Description of ne	an or service	1 1	ĺ	'1	an Market Value
<u></u>	<u> </u>	2: 0:1	Received	 	1 1	<u></u>
City	State	Zip Code		YES	aising Ev	□×o
n'il v	F - 1 0				L : C D 4	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Num	ber, ii PA	
			+	D	V	Fair Market Value
Street Address	Description of Ite	m or Service	M	D	Y	rair Market Value
		la: a .		<u>!</u>		L
City	State	Zip Code	Received		raising EV	∏NO
				YES		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Num	ber, if PA	ic .
<u> </u>			1	_		T
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value
		T	 		<u> </u>	<u> </u>
City	State	Zip Code	Received		aising Ev	
			<u> </u>	YES		N0
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Num	ber, if PA	.C
			ļ			
Street Address	Description of Item or Service		M	Ð	Y	Fair Market Value
City	State	Zip Code	Received		raising Ev	
	<u> </u>			YES		□NC
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	ion Num	ber, if PA	i.C
Street Address	Description of Item or Service		М	Đ	Y	Fair Market Value
					<u>l</u> l	<u> </u>
City	State	Zip Code	Received	at Fund	raising Ev	
	1 1			YES		

Page Total \$	482.68

^{*} 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)]