Page	1	

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				<u>,</u>
Citizens for Accountability and Resu	lte in Educa	tion		
Full Name of Contributor			In	
	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Michelle Kusma Street Address	5 21		<del>                                     </del>	
· · · · · · · · · · · · · · · · · · ·	Description of Item or Service		M D	Y Fair Market Value
2765 Brentwood		<u>ins, ribbons</u>	0 2 1 8	
City Bexley	State	Zip Code 43209	Received at Fund	draising Event?  ✓ NO
Full Name of Contributor		pation, Labor Organization *	Registration Nun	
Michelle Kusma		<u> </u>		
Street Address	Description of Item or Service		M D	Y Fair Market Value
2765 Brentwood	web sites and web ads		0 9 1 1	
City	State	Zip Code	Received at Func	
Bexley	O + H	43209	YES	VO
Full Name of Contributor	Employer, Occur	oation, Labor Organization *	Registration Nun	
Ann Brennan		-		
Street Address	Description of Ite	em or Service	M D	Y Fair Market Value
170 South Stanwood	Stamps		1 0 1 1	I I
City	State	Zıp Code	Received at Func	
Bexlev		43209	YES	ОмO
Full Name of Contributor		oation, Labor Organization *	Registration Nurr	
Michelle Kusma		·	Ĭ	
Street Address	Description of Ite	em or Service	M D	Y Fair Market Value
2765 Brentwood	Priniitng		0 8 3 1	
City	State	Zip Code	Received at Func	
Bexley	O + H	43209	☐ YES	✓ NO
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Nun	
Street Address	Description of liem or Service		1,4 1 5	T 17 10 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Succi Addicas	Description of the	an or service	MD	Y Fair Market Value
City	State	Zip Code	Received at Fund	hadinia a Day and 2
City	State	Zip Code	YES	NO
Full Name of Contributor	Employer Occur	1 pation, Labor Organization *		
Tall Name of Conditional	isinployer, Occup	acton, Labor Organization *	Registration Nurr	nder, if PAC
Street Address	Description of Ite	em or Service	M D	Y Fair Market Value
City	State	Zip Code	Received at Fund	traising Event?
			☐ YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC			
Street Address	Description of Ite	em or Service	M D	Y Fair Market Value
				I all Market Value
City	State	Zip Code	Received at Fund	raising Event?
	1		YES	□NO
Full Name of Contributor	Employer, Occup	ver. Occupation, Labor Organization * Registration Number, if PAC		
Street Address	Description of Ite	Description of Item or Service		Y Fair Market Value
	1		M D	
City	State	Zip Code	Received at Fund	lraising Event?
	ı		YES	No

Page Total \$ \_\_\_\_350.87

<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(BX4)]