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## Statement of Loans Received

Prescribed by Secretary of State3/05

r na co													
Full Name of Committee  Kusma for Kids													
From Whom Received	-								Dring An	nount		Aust Incurred	thic Parityl
Michele Kusma									Prior Amount 7,603.53			Amt. Incurred this Period 0.00	
Address									सम्बद्धाः स	O, V		Outstanding B	dalance -
2765 Brentwood Rd.									4	<b>*</b>		Ottistanding E	7,603.53
City	State	Zip Code	:	Loa	ıns Recei	ved This	Period					ents This Peri	<del> </del>
Bexlev	OlH	43209	9	1	Date Amount				Dat	•	Amount		
Date Loan was originally	М	D	Y	М	D	Ÿ	\$		M	D	Y	\$	ford
Incurred									0   1	213			14.68
Registration Number, if PAC				M	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
From Whom Received								Prior An	Prior Amount Amt. Incurred this Period			this Period	
Address												Outstanding B	alance ORGIVEN
City	State	Zip Code	2	Loa	Loans Received This Period			Payments This Period Date Amount					
Date Loan was originally.	M	D	Y	M	Date D	ΙΥ	s	Amount	M	D	Y	<u>'</u>	Amount
Incurred :	IVI		l 'i	141	ľ	l 'n	ľ		"	Ι'n	1	7	
Registration Number, if PAC	!	<u> </u>	<u></u>	M	Đ	Y	t		M	D	Y		
						Į į	ļ				1		
Employer/Occupation/Labor Organization*				M	D	Y			М	D	Y		
From Whom Received							Prior Amount Amt. Incurred this Period				this Period		
Address									7. 3			Outstanding B	Balance
City	State	Zip Code	e	Loans Received This Period Date Amount				Payments This Period Date Amount					
Date Loan was originally	М	D	Y	М	D	Y	s		М	D	Y	\$	
Registration Number, if PAC	<u> </u>	·	· ·	M	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*		•		М	D	Y			M	D	Y	<del></del>	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount S	7,603.53	
2	Total received this period \$	0.00	_ (To Form No. 31-A-2)
3	Total Payments this Period \$	14.68	(also record on Form 31-B)
4	Total Outstanding Balance \$	0.00	_ (To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate 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)