

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Kusma for Kids							
Full Name of Contributor Timothy & Mary Hopman					Registration Number, if PAC		
Street Address 158 N. Remington		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Electronic		
City Bexlev	State O H	Zip Code 43209	M 0 9	D 2 1	Y 0 7	Amount 25.00	
Full Name of Contributor Irwin & Marilyn Galinkin					Registration Number, if PAC		
Street Address 6104 Nicholas Glen		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 9	D 2 8	Y 0 7	Amount 100.00	
Full Name of Contributor Gilda & Sam Abramson					Registration Number, if PAC		
Street Address 485 S. Parkview Apt. 117		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 0 9	D 2 4	Y 0 7	Amount 25.00	
Full Name of Contributor Barbara & David Kristal					Registration Number, if PAC		
Street Address 2737 Brentwood Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 0 6	Y 0 7	Amount 75.00	
Full Name of Contributor Rita Cohen					Registration Number, if PAC		
Street Address 446 S. Columbia		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 0 9	D 2 4	Y 0 7	Amount 100.00	
Full Name of Contributor Lois Greenblott					Registration Number, if PAC		
Street Address 2520 E. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 0 5	Y 0 7	Amount 15.00	
Full Name of Contributor Richard Hoffman					Registration Number, if PAC		
Street Address 528 Northview Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 0 5	Y 0 7	Amount 10.00	
Full Name of Contributor David Kohn					Registration Number, if PAC		
Street Address 415 S Dixel Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Electronic		
City Bexlev	State O H	Zip Code 43209	M 0 9	D 2 0	Y 0 7	Amount 100.00	

* 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)]