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	Page	1	_

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

N							
Name of Committee in Full Citizens for Accountability and Result	s in Educat	ion					
Full Name of Contributor			In		- CDA	-	
Michelle Kusma	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
2765 Brentwood	1 '						120.83
City	Pins, ribbons State Zip Code		0 2 1 8 1 0 120.83 Received at Fundraising Event?				
Bexley	O H	43209		YES	aising Ev	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Michelle Kusma			1				
Street Address	Description of Item or Service		M	D	Ϋ́	Fair Market Value	2
2765 Brentwood	web sites and web ads		0 9	$1 \mid 1$	1 0	1	<i>7</i> 5.61
City	State	Zip Code	Received	at Fundr	aising Ev		
Bexley	O + H	43209	<u> </u>	YES		✓ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC				
Ann Brennan			_				
Street Address	Description of Ite	m or Service	M D Y Fair Market Value				
<u>170 South Stanwood</u>		Stamps	110111110 145.20				
City	State	Zip Code		at Fundr	aising Ev		
Bexley	$O \perp H$	43209		YES		✓ NO	
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registrat	ion Numb	er, if PA	ıC	
Michelle Kusma	<u> </u>		<u> </u>				
Street Address	Description of Item or Service		M D Y Fair Market Value				
2765 Brentwood		Priniitng	018		1 0		9.23
City	State	Zip Code		at Fundr	aising Ev		
Bexley	OH	43209		YES		✓ NO	
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registrat	ion Numb	er, if PA	.c	
treet Address Description of Iten		m or Service	- NI	D	Y	Fair Market Value	2
	'		1 1	1		ŀ	
City	State	Zip Code	Received	l at Fundr	aising Ev	ent ^o	
		,		YES		No	
Full Name of Contributor	ntributor Employer, Occupation, Labor Organization *		Registration Number, if PAC				
			3,				
Street Address	Description of Item or Service		M	I)	Y	Fair Market Value	
	1 ′			1			
City	State	Zip Code	Received	at Fundr	aising Ev	rent?	
i '	1			YES		□NO	
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registrat	ion Numb	er. if PA		
1					,		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	2
				1			
City	State	Zip Code	Received	at Fundr	aising Ev	/ent?	•
		' ' '	. —	YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Ì							
et Address Description of Item or Service		m or Service	M	D	Y	Fair Market Value	2
	1						
City	State	Zip Code	Received	at Fundr	aising Ev	/ent?	
1				YES		□NO _	

Page Total \$ ____350.87

^{*} 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)]