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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N 60				, .					
Name of Committee in Full									
Kusma for Kids					_				
Full Name of Contributor					Registration Number, if PAC				
Barry & Deborah Adelman Street Address							Fr. (0.1 or 1.1)		
1	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2542 Fair Ave.			In: O 1	1		T .:-	Check		
City Bexley	O	ate H	Zip Code 43209	M 1 () 2 0	017	Amount 20.00		
Full Name of Contributor					ation Nun				
Gerald Kassoy									
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1418 Brice Rd.							Check		
City	Su	ate	Zip Code	М	D	Y	Amount		
Revnoldsburg	loi	Н	43068	1110	2 4	017	25.00		
Full Name of Contributor	1 0		15000		ation Nur				
Marc Abramson						,			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
743 Montrose Ave.		Employed George Based Grant Based					Check		
City	Sta	ate	Zip Code	I M	D	Y	Amount		
Bexley		H	43209	111	l .	I .	50.00		
Full Name of Contributor			1,40209				1		
Tall Palle of Commons				Registration Number, if PAC					
Street Address	Employe	r/Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)		
1	2	Employer occupations Labor Organization			com (coon chest, cie.)				
City	Str	ate	Zip Code	M	D	Y	Amount		
C.I.y			43209		1	Ιi	7 UNCALK		
Full Name of Contributor			1 43209	Registr	ation Nurr	her if PA	<u>.</u>		
Tail valie of Condition				registi	unon rean				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Employer/occupation/Education Organization									
City	Str	ate	Zip Code	Тм	T D	ΙΥ	Amount		
Cuy		 	zap code	1 "		Ιì	7 UNOMIN		
Full Name of Contributor	l		L	Parrier	ation Num	her if PA	L		
Full Name of Contributor Registration Number, if PAC									
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
inprojeto se dano in sugar in a sugar suga									
City	Sie	ale	Zip Code	Тм	D	ΤΥ	Amount		
Chy		I.	zip code	- 1 "i	Ĭ	l i	Julyan		
Full Name of Contributor	<u> </u>		<u> </u>	Panich	ation Num	her if PA	<u> </u>		
i un valle of Controllor						Registration Number, if PAC			
Street Address	Employe	riOccup	ation/Labor Organization*		 .		Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization					Total Casa, Citca,				
C:-	Si	ate	Zip Code	М	D	Y	Amount		
City	314	i.	Zip Code	"	i	Ι'n	Alkouit		
Full Name of Contributor		<u> </u>	<u> </u>	Parriet	ation Nurr	her if DA	C		
rui Name of Contributor				Kegisa	ation ivan	ioci, ii i r			
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
Street Address	employer/Occupation/Labor Organization*						i orin (Cash, Check, etc.)		
Cin.		214	Zip Code	М	D	ΤΥ	Amount		
City	50	ate I	with come	"	1	1	a snoun		
	I		<u>. </u>			1 !	<u> </u>		

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)]

Page Total \$ 95.00