

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Kusma for Kids							
Full Name of Contributor Susan Yost					Registration Number, if PAC		
Street Address 2759 Plymouth Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Electronic		
City Bexlev	State O H	Zip Code 43209	M 0 9	D 0 5	Y 0 7	Amount 75.00	
Full Name of Contributor Mathew & Monique Lampkee					Registration Number, if PAC		
Street Address 2447 Plymouth Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 0 4	Y 0 7	Amount 20.00	
Full Name of Contributor Gail Rose					Registration Number, if PAC		
Street Address 305 S Cassidy Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 0 7	Y 0 7	Amount 15.00	
Full Name of Contributor Seyman & Sadie Stern					Registration Number, if PAC		
Street Address 2728 Brentwood Rd.		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 20.00	
Full Name of Contributor Dorothy Kahn					Registration Number, if PAC		
Street Address 2746 Brentwood Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 0 9	Y 0 7	Amount 15.00	
Full Name of Contributor Martin & Debra Rosenthal					Registration Number, if PAC		
Street Address 77 S. Roosevelt Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 0 7	Y 0 7	Amount 75.00	
Full Name of Contributor Jerome Knight					Registration Number, if PAC		
Street Address 2877 E. Braod St. Apt. B10		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 1 0	Y 0 7	Amount 25.00	
Full Name of Contributor Judith & Michael Schottenstein					Registration Number, if PAC		
Street Address 2732 Bryden Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 1 1	Y 0 7	Amount 25.00	

* 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)]