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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee											-	
Kusma for Kids												
From Whom Received								Prior Amount			Amt. Incurred this Period	
Michele Kusma									7,6	03.53	0.00	
2765 Brentwood Rd.			-						:			Outstanding Balance 7,603.53
City Bexley	State Zip Code O H 43209			Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was originally	M	Ð	Y	M	D	Y	S	<u> </u>	М	D	Y	s
Incurred	<u> </u>		<u> </u>	<u> </u>				<u> </u>				<u> </u>
Registration Number, if PAC				M	D	Y		Į.	М	D	Y	,
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	<u> </u>
From Whom Received							•		Prior Ar	nount		Amt. Incurred this Period
Address					-			:		<u>.</u>		Outstanding Balance
City	State	Zip Code	;	Loans Received This Period Date Amount				Amount	Payments This Period Date Amount			
Date Loan was originally	M	D	Y	M	D	Y	S		М	D	Y	S
Incurred `												
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	Đ	Y	1		М	D	Y	
From Whom Received	•			· ·					Prior Ar	nount	<u> </u>	Arnt. Incurred this Period
Address												Outstanding Balance
City	State	Zip Code	;	Loans Received This Period Date Amount				Amount	Payments This Period Date Amount			
Date Loan was originally	M	D	Y	M	D	Y	S		M	D	Y	<u> </u>
Incurred										1 1	1 1	
Registration Number, if PAC	· · · · · ·	•:	· i	М	D	Y		e.	M	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	<u> </u>		M	D	Y	
Required for contributions over \$100 to st	atewide a	nd penera	accemble	v candidate	es If com	ributor is	self.em	loved occumation an	d the nam	e of the in	dividual's	hucinecc

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 \$	7,603.53	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-E
4	Total Outstanding Balance \$	7,603.53	(To Form No. 30-A)

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)