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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Kusma for Kids						
Full Name of Contributor		"	Demicto	ation Num	ber, if PA	C
Barbara Kusma Freeman			Registi	anou Man	ioci, ii rz	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
6467 Strathaven Ct. W						Check
City	State	Zip Code	Тм	l D	1 Y	Amount
Worthington	ОН	43085	1 0	1	1	50.00
Full Name of Contributor		13003	_		ber, if PA	
Martha Harriman						
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
2492 Seneca Park Place		-				Check
City	State	Zip Code	М	D	Y	Amount
Bexley	OH	43209	1110	1 2	017	20.00
Full Name of Contributor		10107			iber, if PA	
Andrew & Carrie Madison						
Street Address	Employer/Occup	oation/Labor Organization*	-			Form (Cash, Check, etc.)
2467 Bexlev park Rd.						Check
City	State	Zip Code	М	D	Y	Amount
Bexlev	O H	43209	1 0	117	1017	50.00
Full Name of Contributor				_	iber, if PA	_
David & Patricia Banks						
Street Address	Employer/Occup	oation/Labor Organization*	•			Form (Cash, Check, etc.)
2744 Bexlev Park Rd.						Check
City	State	Zip Code	М	D	Y	Amount
Bexley	O H	43209	1 0	1 7	017	15.00
Full Name of Contributor		<u> </u>	Registra	ation Num	iber, if PA	C
Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
]				
Full Name of Contributor			Registra	ation Num	iber, if PA	C
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
						
City	State	Zip Code	M	P	Y	Amount
			<u> </u>		1 1	
Full Name of Contributor			Registra	ation Nun	iber, if PA	.c
	T=					h (a. a
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
C:		7: 0 1	1	1.5	1 ,,	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>	<u> </u>	D a si ana	i !	h- CDA	<u> </u>
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
or our amounts	, ampioyenoccu	micration organization				. orai (Casa, Catca, Cit.)
City	State	Zip Code	М	D	ΤΥ	Amount
			";		1	
	<u> </u>	I		1	1 1	

* 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	\$ 135.00