



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
KAREN J. ANGELOU FOR COUNCIL					
Full Name of Contributor Registration				Registration Number	er, if PAC
KENNETH M. SHEPPERD					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
670 ROSE WAY					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
GAHANNA	ОН	43230	08/19/2019		\$20.00
Full Name of Contributor Registration Number					er, if PAC
RANDALL ROGERS					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
382 LILY POND CT.					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
GAHANNA	ОН	43230	08/20/2019		\$25.00
Full Name of Contributor Registration Number					er, if PAC
ZELLA LEE WILLIS					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
280 DEER MEADOW DR.					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
GAHANNA	ОН	43230	08/21/2019		\$100.00
Full Name of Contributor Registration Number					er, if PAC
PATRICK RAFTER					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1202 PONDHOLLOW LANE					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
NEW ALBANY	ОН	43054		08/22/2019	\$100.00
Full Name of Contributor	Registration Number				er, if PAC
GEORGE A. SKESTOS					:
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
31 S. COLUMBIA AVE.	CHECK				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
BEXLEY	ОН	43209	09/05/2019		\$1000.00

Page Total \$1245.00

^{*}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 also appear. [R.C. 3517.10(B)(4)]