Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Karen J. Angelou			-					
Full Name of Contributor Clara M. Cutcher	· · · · · · · · · · · · · · · · · · ·		Registra	ation Nun	nber, if PA	₹C		
Street Address 144 Garston Ct.	Employer/Occu	pation/Labor Organization®				Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	1 0	D 8	1 5	Amount \$25.00		
Full Name of Contributor Elizabeth T. Smith			Registra	ation Nun	nber, if P/	√C		
Street Address 1045 Eastchester Dr.	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	1 ^M	0 B	1 5	Amount \$100.00		
Full Name of Contributor Mick Micacchion			Registr	ation Nun	nber, if P/	AC		
Street Address 1127 Riva Place	Employer/Occu	Employer/Occupation/Labor Organization*						
City Gahanna	State OH	Zip Code 43230	1 0	0 ^D 8	1 5	Amount \$50.00		
Full Name of Contributor			Registra	ation Nun	nber, if P/	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ation Nun	nber, if P/	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	Stake OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State OH	Zip Code	Mi	D	Y	Amount		
Full Name of Contributor Registration Number, if					nber, if P	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State OH	Zip Code	M		Y	Amount		

Page Total \$175.00

^{*} 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)]