

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Karen J. Angelou for Council							
Full Name of Contributor Robert Cohen				Registration Number, if PAC			
Street Address 146 Granville Street	Employer/Occupation/Labor Organization*			M 1	D 0	Y 0	Amount \$100.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check			
Full Name of Contributor Dr. Erik Hrabowy				Registration Number, if PAC			
Street Address 663 Laurel Ridge	Employer/Occupation/Labor Organization*			M 1	D 0	Y 0	Amount \$100.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check			
Full Name of Contributor L. Nicholas Hogan				Registration Number, if PAC			
Street Address 1040 Venetian Way	Employer/Occupation/Labor Organization*			M 1	D 0	Y 0	Amount \$100.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check			
Full Name of Contributor Roland Hall				Registration Number, if PAC			
Street Address 83 Nob Hall Dr. North	Employer/Occupation/Labor Organization*			M 1	D 0	Y 0	Amount \$50.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check			
Full Name of Contributor Gayle Rees				Registration Number, if PAC			
Street Address 115 Autumn Rush Ct,	Employer/Occupation/Labor Organization*			M 1	D 0	Y 0	Amount \$50.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check			
Full Name of Contributor Kathleen O'Hare				Registration Number, if PAC			
Street Address 1009 Zodiac Ave.	Employer/Occupation/Labor Organization*			M 1	D 0	Y 0	Amount \$50.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check			
Full Name of Contributor Donald J Cutcher				Registration Number, if PAC			
Street Address 144 Garston Court	Employer/Occupation/Labor Organization*			M 1	D 0	Y 0	Amount \$50.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check			

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$1,225.00

Total expenditures this event.

\$0.00

Page Total \$ 500.00