In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Karen J. Angelou for Council				
		·		
Full Name of Contributor Carla and Jeff Jones	Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or	Service	M D Y Fair Market Value	5
662 Laurel Ridge	Food and beve		1 0 0 6 1 1 \$360.00	
City		Cip Code 43230	Received at Fundraising Event?	
Gahanna			O YES O NO	
Full Name of Contributor	Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or	Service	M D Y Fair Market Value	5
City	State Z	Zip Code	Received at Fundraising Event? O YES O NO	
Full Name of Contributor		n, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or	Service	M D Y Fair Market Value	
City	Stafte 2	Cip Code	Received at Fundraising Event?	-
Eull Norma of Contributor		- Labor Opposition	Registration Number, if PAC	
Full Name of Contributor	Employer, Occupano	n, Labor Organization*	Registration Number, if PAC	
Street Address	Description of them or	Service	M D Y Fair Market Value	e
City	Stal te Z	Zip Code	Received at Fundraising Event? NO YES NO	
Full Name of Contributor	Employer, Occupation	n, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or	Service	M D Y Fair Market Value	9
City	State Z	Cip Code	Received at Fundraising Event?	
Full Name of Contributor		n, Labor Organization*	Registration Number, if PAC	
tui raile of Commonta	і інрюусі, Острано	n, Labor Organization	Registration Number, It FAC	
Street Address	Description of Item or	r Service	M D Y Fair Market Value	ē.
City	State OH	Zip Code	Received at Fundraising Event?	
Full Name of Contributor		n, Labor Organization*	Registration Number, if PAC	
Tan Hand of Controlled	Zinpioyot, Overpuito	ii, bibor organization	Transition, II I I I	
Street Address	Description of Item or	Service	M D Y Fair Market Value	B
City	State 7 OH	Lip Code	Received at Fundraising Event? OYES NO	
Full Name of Contributor	Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or	r Service	M D Y Fair Market Value	e
City	Stalte Z	Zip Code	Received at Fundraising Event? OYES O NO	

Page Total \$360.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]