



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee KAREN J. ANGELOU FOR COUNCIL				
Full Name of Contributor EDITH HALL			Registration Number, if PAC	
Street Address 83 NOB HILL DR. N		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/05/2019	Amount \$50.00
Full Name of Contributor GLEN DUGGER			Registration Number, if PAC	
Street Address 37 WEST BROAD ST.		Employer/Occupation/Labor Organization* SMITH & HALE LLC		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/05/2019	Amount \$100.00
Full Name of Contributor PAUL LEITHART			Registration Number, if PAC	
Street Address 575 S. 3RD ST.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/11/2019	Amount \$100.00
Full Name of Contributor NANCY MADDY			Registration Number, if PAC	
Street Address 184 MISTY OAK PL.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/19/2019	Amount \$100.00
Full Name of Contributor JAMES B. HOLLOWAY			Registration Number, if PAC	
Street Address 962 BRYN MAWR DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/25/2019	Amount \$100.00

*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)]

Page Total \$450.00