



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee KAREN J. ANGELOU FOR COUNCIL				· · · · · · · · · · · · · · · · · · ·			
			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address 1081 CANNONADE CT.	1	n of Item or Se			Date (MM/DD/YYYY) 10/07/2019		
City	<u> </u>						
		H	Zip Code 43230	Yes X No	ING EVERY!		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	nization* Registration Number, if PAC		
Street Address	Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value	
City	St	tate	Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value		
City	State		Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Labor Organization* Registration Number, if PAC			
Street Address	Descriptio	on of Item or S	ervice		Date (MM/DD/YYYY) Fair Market Value		
City	S	tate	Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
reet Address Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value		
City State		Zip Code	Received at Fundrais	ng Event?			

Page	Total \$	5.38		
i agc	TOTAL W		 	-

^{*} 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)]