

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Karen J. Angelou for Council									
Full Name of Contributor Joan B. Sippola						Registration Number, if PAC			
Street Address 133 Andalus Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 1	Y 0	Amount \$25.00
Full Name of Contributor Scott McComb						Registration Number, if PAC			
Street Address 1641 Oxbow Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State oh	Zip Code 43004		M 0	D 9	Y 1	Y 1	Amount \$100.00
Full Name of Contributor Thomas J. Wester						Registration Number, if PAC			
Street Address 888 Ludwig Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 1	Y 1	Amount \$100.00
Full Name of Contributor Patrick J. Rafter						Registration Number, if PAC			
Street Address 1202 Pondhollow Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State OH	Zip Code 43054		M 0	D 9	Y 1	Y 1	Amount \$100.00
Full Name of Contributor Elizabeth Burba						Registration Number, if PAC			
Street Address 384 Dunbarton Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 1	Y 0	Amount \$100.00
Full Name of Contributor Zella Willis						Registration Number, if PAC			
Street Address 280 Deer Meadow Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 1	Y 2	Amount \$100.00
Full Name of Contributor Thomas Kneeland						Registration Number, if PAC			
Street Address 123 Serran Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 1	Y 4	Amount \$100.00
Full Name of Contributor James K. Osborn						Registration Number, if PAC			
Street Address 642 Dark Star Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 2	Y 3	Amount \$25.00

* 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)]