## **Statement of Contributions Received**



Prescribed by Sccretary of State 03/05

Name of Committee in Full					
Karen J. Angelou For Council Full Name of Contributor					
Douglas E. Maddy		· <del></del> ·	Registration Number, if P	AC	
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)	
5300 Clark State Rd.				Check	
City Gahanna	State OH	Zip Code 43230	M D Y	Amount \$150.00	
Full Name of Contributor Nancy E. Maddy		——————————————————————————————————————	Registration Number, if P	AC	
Street Address					
164 Misty Oak Place		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M D Y	Amount \$150.00	
Full Name of Contributor Mo Dioun			Registration Number, if P.	AC	
Street Address 6965 Clivdon Mews		upation/Labor Organization		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	1 0 2 2 1 5	Amount \$250.00	
Full Name of Contributor Edith Hall	•	<del></del>	Registration Number, if P.	Registration Number, if PAC	
Street Address 83 Nob Hill Dr. N	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M D Y 1 D 5	Amount \$50.00	
Full Name of Contributor Timothy Pack			Registration Number, if Pa		
Street Address	E-valouer/Occu	· · · · · · · · · · · · · · · · · · ·		(0.1.05.4	
1019 Ridge Cewst Dr.		pation/Labor Organization		Form (Cash, Check, etc.) Check	
Gahanna	OH State	Zip Code 43230	1 0 2 5 1 5	Amount \$75.00	
Full Name of Contributor			Registration Number, if Pa	AC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if P/	AC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if PA	AC .	
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
City.		· · 2			
City	State OH	Zip Code	M D Y	Amount	

Page Total \$675.00

<sup>\*</sup> 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)]