

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Karen J. Angelou for Council				
Full Name of Contributor Elizabeth Burba			Registration Number, if PAC	
Street Address 282 Dunbarton Rd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna	State OH	Zip Code 43230	Y 6	Amount \$50.00
Full Name of Contributor Kathleen and Pierre F. O'Hare			Registration Number, if PAC	
Street Address 1009 Zodiac Ave.	Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna	State OH	Zip Code 43230	Y 6	Amount \$50.00
Full Name of Contributor Donald J. and Clara M. Cutcher			Registration Number, if PAC	
Street Address 144 Garston Court	Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna	State OH	Zip Code 43230	Y 6	Amount \$50.00
Full Name of Contributor Bill G. Decker			Registration Number, if PAC	
Street Address 3891 Clotts Road	Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna	State OH	Zip Code 43230	Y 6	Amount \$250.00
Full Name of Contributor William V. Smith			Registration Number, if PAC	
Street Address 223 Glenhurst Court	Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna	State OH	Zip Code 43230	Y 6	Amount \$25.00
Full Name of Contributor Patricia Froman			Registration Number, if PAC	
Street Address 325 Dellfield Way	Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna	State OH	Zip Code 43230	Y 6	Amount \$25.00
Full Name of Contributor James Mills-Pro-Tech-Safety			Registration Number, if PAC	
Street Address 214 Flint Ridge Dr.	Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna	State OH	Zip Code 43230	Y 6	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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 5550.00