



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee KAREN J. ANGELOU FOR COUNCIL				
Full Name of Contributor LINDA HINTON			Registration Number, if PAC	
Street Address 304 HIGHMEADOW VILLAGE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City POWELL	State OH	Zip Code 43065	Date (MM/DD/YYYY) 07/29/2019	Amount \$150.00
Full Name of Contributor ELIZABETH BURBA			Registration Number, if PAC	
Street Address 284 DUNBARTON RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/09/2019	Amount \$100.00
Full Name of Contributor JOAN SIPPOLA			Registration Number, if PAC	
Street Address 133 ANDULUS DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/12/2019	Amount \$50.00
Full Name of Contributor PAUL L. BITTNER			Registration Number, if PAC	
Street Address 751 LINE WAY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/12/2019	Amount \$75.00
Full Name of Contributor MINA DION			Registration Number, if PAC	
Street Address P.O. BOX 535		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City NEW ALBANY	State OH	Zip Code 43054	Date (MM/DD/YYYY) 08/14/2019	Amount \$200.00

*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 \$575.00