



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee KAREN J. ANGELOU FOR COUNCIL				
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	Date (MM/DD/YYYY) 09/27/2019	Amount \$50.00
Full Name of Contributor WILLIAM L. STEHLE			Registration Number, if PAC	
Street Address 654 CROSSING CREEK S.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/27/2019	Amount \$100.00
Full Name of Contributor CLARA CUTCHER			Registration Number, if PAC	
Street Address 144 GARSTON CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/11/2019	Amount \$25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code 43230	Date (MM/DD/YYYY)	Amount

*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 \$175.00