



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee KAREN J. ANGELOU FOR COUNCIL				
Full Name of Contributor RICHARD J. ANGELOU			Registration Number, if PAC	
Street Address 1081 CANNONADE CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/21/2019	Amount \$60.00
Full Name of Contributor STEPHEN TUGEND			Registration Number, if PAC	
Street Address 260 N. CASSADY AVE.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City BEXLEY	State OH	Zip Code 43230	Date (MM/DD/YYYY) 11/21/2019	Amount \$150.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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	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	Zip Code	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)]