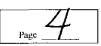
In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Karen J. Angelou for Council		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Chris Katanuta	Owner Creekside Cafe	
Street Address	Description of Item or Service	M D Y Fair Market Value
53 Granville St.	1/3 of Refreshments Election Night Pa	rty 1 1 9 8 1 1 \$100.00
City	Stal te Zip Code	Received at Fundraising Event?
Gahanna	OH 43230	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	OH	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Pull Name of Contributor	Employer, Occupation, Laton Organization	Registration Number, it is
Street Address	Description of Item or Service	Mi D Y Fair Market Value
City	Stal te Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
	_	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	OH _.	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
	!	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
City	OH Zip Code	
Pull Numer of Contribution	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization*	Acgistration Number, It FAC
Street Address	Description of Item or Service	M D Y Fair Market Value
Oreci Addiess	Description of them of Service	
C.h.	Sta te Zip Code	Received at Fundraising Event?
City	OH Zip Code	
ł .	\(\cdot \)	Oves O NO

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]