

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 Robert D. and Linda M. Cohen			Registration Number, if PAC	
Street Address 146 Granville Street	Employer/Occupation/Labor Organization*		M 1 D 0 Y 6 1 1	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dr. Erik and Monica Hrabowy			Registration Number, if PAC	
Street Address 663 Laurel Ridge Drive	Employer/Occupation/Labor Organization*		M 1 D 0 Y 6 1 1	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor G. Scott McComb			Registration Number, if PAC	
Street Address 230 Barnhill Court	Employer/Occupation/Labor Organization*		M 1 D 0 Y 6 1 1	Amount \$150.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lewis Griffin			Registration Number, if PAC	
Street Address 2737 Colts Neck Road	Employer/Occupation/Labor Organization*		M 1 D 0 Y 6 1 1	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor L. Nicholas and Karen Hogan			Registration Number, if PAC	
Street Address 1040 Venetian Way	Employer/Occupation/Labor Organization*		M 1 D 0 Y 6 1 1	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Roland and Edith Hall			Registration Number, if PAC	
Street Address 83 Nob Hill Dr. North	Employer/Occupation/Labor Organization*		M 1 D 0 Y 6 1 1	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gayle and Donna Rees			Registration Number, if PAC	
Street Address 115 Autumn Rush Court	Employer/Occupation/Labor Organization*		M 1 D 0 Y 6 1 1	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	

* 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 \$ **\$650.00**