31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
Karen J. Angelou for Council

Full Name of Contributor	Registration Number, if PAC							
Randall Rogers								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
382 Lily Pond								Check
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	0	9	2	1	15	$25.00
Full Name of Contributor	Registration Number, if PAC							
Gloria M. Snider								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
504 Vista Drive								Check
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	0	9	1	8	15	$25.00
Full Name of Contributor	Registration Number, if PAC							
Eric R. Miller								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
588 Wickham Way								Check
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	0	9	1	8	15	$30.00
Full Name of Contributor	Registration Number, if PAC							
Becky S. Cornett								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
564 Dark Star								Check
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	0	9	2	3	15	$50.00
Full Name of Contributor	Registration Number, if PAC							
Lynn M. Stewart								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
561 Laurel Ridge Dr.								Check
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	0	9	2	3	15	$50.00
Full Name of Contributor	Registration Number, if PAC							
Joseph Benedict								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
P.O.Box 30846								Check
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43239	0	9	2	5	15	$100.00
Full Name of Contributor	Registration Number, if PAC							
Citizens for Anne Gonzales								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
865 Macon Alley								Check
City	State	Zip Code	M		D		Y	Amount
Columbus	OH	43230	0	9	2	5	15	$500.00
Full Name of Contributor	Registration Number, if PAC							
George Skestos								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
31 S. Columbia Avenue								Check
City	State	Zip Code	M		D		Y	Amount
Bexley	OH	43209	0	9	2	4	15	$1,000.00

* 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 $1,780.00