

Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full Karen J. Angelou For Council					
Full Name Karen J. Angelou For Council				Registration Number, if PAC	
Address 1071 Cannonade Ct.		Type* RE		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$300.00
				Form (Cash, Check, etc.) Cash	
Full Name					
Registration Number, if PAC					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

300.00

Page Total \$