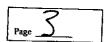
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full			
Karen J. Angelou For Council			
Full Name			
Karen J. Angelou For Council			Registration Number, if PAC
Address	m.L. •		
1071 Cannonade Ct.	Type*		M D Y Amount
City	RE		1 0 3 0 1 5 \$300.00
Gahanna	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН	43230	Cash
			Registration Number, if PAC
Address			
	Турс		M D Y Amount
City	RE	,	
	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
r dit i valite			Registration Number, if PAC
Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Type*		M D Y Amount
City	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
E. IIIN	OH		,
Full Name			Registration Number, if PAC
			The state of the s
Address	Type*		M D Y Amount
	RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		out (Casa, Check, etc.)
Full Name	·	<u></u>	Registration Number, if PAC
			registration number, if PAC
Address	Type*		M D Y Amount
	l RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.	'	Torm (Cash, Check, etc.)
uli Name			Parietai N. 1
			Registration Number, if PAC
Address	Type*		
	RE		M D Y Amount
City	State	Zip Code	For (C.) C.
	ОН	-7 555	Form (Cash, Check, etc.)
uli Name			Designation Visualization
			Registration Number, if PAC
ddress	Type*		
			M D Y Amount
ity	RE	Zie Code	
	State	Zip Code	Form (Cash, Check, etc.)
ull Name	OH		
			Registration Number, if PAC
ddress	TL-+		
	Type*		M D Y Amount
ty	RE		
	State	Zip Code	Form (Cash, Check, etc.)
	OH		

300.00 Page Total \$

^{*}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.