In-Kind Contributions Received



Prescribed by Secretary of State 03/05

		<u>†</u>	
Name of Committee in Full Karen J. Angelou for Council			
-		ļ	
Full Name of Contributor Carla Jones	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Coming	M D Y Fair Market Value
662 Laurel Ridge	1		+
	Food and Be		
City	State	Zip Code	Received at Fundraising Event?
Gahanna	OH	43230	O YES O NO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
City	Stal te	Zip Code	Received at Fundraising Event?
	OH		OYES ONO
Full Name of Contributor	Employer, Occupa	tion, 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		OYES ONO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
Silver Address	Description of Rem	of Service	ivi D 1 Fan Ividiket value
City	Sta te	Zip Code	Received at Fundraising Event?
	OH		O YES O NO
Full Name of Contributor	Employer, Occupa	tion, 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		OYES ONO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
City	Stal te OH	Zip Code	Received at Fundraising Event?
	1 .	tion, Labor Organization*	Registration Number, if PAC
Full Name of Contributor	Employer, Occupa	mon, Labor Organization	Registration Number, it PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
City	Stal te OH	Zip Code	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
City	Starte	Zip Code	Received at Fundraising Event?
	OH _,		OYES 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)]

Page Total \$360.00