Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	10/6/11	
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Prescribed by Secretary of State 03/05

	Prescribed by Secretary of State 0.3/05	
Name of Committee in Full		
Karen J. Angelou for Council	<u> </u>	
Full Name of Contributor		Registration Number, if PAC
James Worlin		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
681 Tim Tam Ave.		1 0 0 6 1 1 \$25.00
City	State Zip Code	Form (Cash, Check, etc.)
Gahanna	OH 43230	Check
Full Name of Contributor	011	Registration Number, if PAC
run realie of Controllor		Registration Number, it FAC
Street Address		M D Y Amount
Sueet Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name of Contributor		Registration Number, if PAC
		<u> </u>
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Stal te Zip Code	Form (Cash, Check, etc.)
	ОН	(),,
Full Name of Contributor	011	Registration Number, if PAC
Tan Name of Contributor		Registration Number, it TAC
St 4.21		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name of Contributor		Registration Number, if PAC
	†	
Street Address	Employer/Occupation/Labor Organization*	Mt D Y Amount
•		
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name of Contributor		Registration Number, if PAC
•		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
54.54.1.1544.1st	Employer/Occupation/Labor Organization	
Cin	Stal te Zip Code	Form (Cook Cheek etc.)
City	OH Zip code	Form (Cash, Check, etc.)
	011,	
Full Name of Contributor		Registration Number, if PAC
	-	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
* Required for contributions from individuals o	over \$100 to statewide and General Assembly candidates. If o	contributor is self-employed, the occupation and the name of
the individual's business, if any, rather than em	ployer 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		talkutlana from form No. 21 FW and United Anti- 645
Transfer the Total contributions for this event to	form No. 31-A. Under Full Name of Contributor state "Cont	a mand a room form ind. 21-E. and list the date of the event

Total contributions this event

in the date column

\$0.00

Total expenditures this event.

\$0.00

\$25.00

Page Total \$