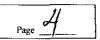
Statement of Contributions Received



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	
Donald Frazier			regise and realized, in	
Street Address	Employer/Occs	pation/Labor Organization*		Form (Cash, Check, etc.)
95 S. Hamilton rd.				Check
City Gahanna	State OH	Zip Code 43230	1 0 p 3 1 5	Amount \$25.00
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Number, if I	PAC
James B. Holloway				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
962 Bryn Mawr Dr.				Check
City	State	Zip Code	M D Y	Amount
Gahanna	OH	43230	1 0 0 6 1 5	\$25.00
Full Name of Contributor Registration Number,				PAC
Paul L. Bittner				
Street Address	Employer/Occa	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
751 Line Way				Check
City Gahanna	State	Zip Code 43230	M D Y	Amount \$50.00
	OH	40200		
Full Name of Contributor Registration Numb				PAC
Joseph Spanovich				FB (0.1.0)
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
760 Taylor Rd.		[7: C.).		Check
City Gahanna	Stație OH	Zip Code 43230	0 9 B 0 1 5	Amount \$50.00
Full Name of Contributor			Registration Number, if I	PAC
Kathleen L. O'Hare				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
1009 Zodiac Ave.				Check
City	State	Zip Code	M D Y	Amount
Gahanna	OH	43230	0 9 3 0 1 5	\$100.00
Full Name of Contributor			Registration Number, if I	PAC
Glen Dugger -Smith and Hale LLC	CAttorneys and Cour	nselors at Law		
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
37 west Broad Street				Check
City	State	Zip Code	M D Y 1 0 0 2 11 5	Amount
Columbus	OH	43215		\$100.00
Full Name of Contributor			Registration Number, if	PAC
Ronald B. Anderson				
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
3310 Longstreth Park Pl.				Check
City Gahanna	Stake OH	Zip Code 43230	1 0 0 2 1 5	Amount \$100.00
Full Name of Contributor			Registration Number, if	PAC
Jill Bradburn				
Street Address	Employer/Occ	upation/Labor Organization		Form (Cash, Check, etc.)
418 Spruce Hill Dr.				Check
City	State	Zip Code	M D Y	Amount
Gahanna	∣ OH	43230	1 0 0 1 1 5	\$5.00

Page Total \$455.00

^{*} 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)]