

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Angelou				
Full Name of Contributor Karen J. Angelou for Council, Karen J. Angelou, Treasurer		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1081 Cannonade Ct.		Description of Item or Service Stamps		M D Y Fair Market Value 1 0 1 9 1 5 \$70.00
City Gahanna		State OH	Zip Code 43230	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Karen J. Angelou for Council, Karen J. Angelou, Treasurer		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1081 Cannonade Ct.		Description of Item or Service Stamps		M D Y Fair Market Value 1 9 2 3 1 5 \$70.00
City Gahanna		State OH	Zip Code 43230	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Richard J. Angelou		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1081 Cannonade Ct.		Description of Item or Service Literature		M D Y Fair Market Value 1 0 3 1 1 5 \$251.55
City Gahanna		State OH	Zip Code 43230	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]