In-Kind Contributions Received



Prescribed by Sccretary of State 03/05

Name of Committee in Full Re-Elect Angelou		· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC			
Karen J. Angelou for Council, Karen J. Angelou, Treasurer	Employer, Occupation, Labor Organization*		Registration (val.	noet, ii fAC
Street Address	Description of Item or Service		M D	Y Fair Market Value
1081 Cannonade Ct.	Stamps		1019	1 5 \$70.00
City	Sta te	Zip Code	Received at Fund	draising Event?
Gahanna	ОН	43230	IO YES	O NO
Fuil Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Karen J. Angelou for Council, Karen J. Angelou, Treasurer				
Street Address	Description of Item or Service		1923	Y Fair Market Value
1081 Cannonade Ct.	>+a m		1 9 2 3 1 5 \$70.00 Received at Fundraising Event?	
City		Zip Code	i e	draising Event?
Gahanna	ОН	43230	OYES	⊙ NO
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC			
Richard J. Angelou				Tree Tree tree tree tree tree tree tree
Street Address	Description of Item or Service		MD	Y Fair Market Value
1081 Cannonade Ct.	Literature		1031	1 5 \$251.55
City	Sta te	Zip Code	Received at Fun	draising Event?
Gahanna	OH	43230	OYES	O NO
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Iten	n or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fun	draising Event?
	ОН		OYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Nu	mber, if PAC
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Sta te	Zip Code	Received at Fun	draising Event?
	OH		O YES	O NO
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Iter	Description of Item or Service		Y Fair Market Value
City	Sta te	Zip Code	Received at Fun	draising Event?
	OH		O YES	O NO
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Nu	
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Sta te	Zip Code	Received at Fur	draising Event?
	OH		OYES O NO	
Full Name of Contributor			Registration Nu	mber, if PAC
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Sta te	Zip Code	Received at Fur	ndraising Event?
	ОН		OYES	O NO

Page Total \$391.55

^{*} 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)]