

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Karen J Angelou													
To Whom Paid							M	D	Y	Amount			
Gahanna Residents In Need (GRIN)							1	2	1	6	1	5	\$703.20
Address				Purpose									
760 Morrison Rd. Suites A & B				Donation of excess campaign funds to 501-(c)(3) charity									
City				State		Zip Code		Check Number					
Gahanna				OH		43230		0101					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					
				OH									
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					
				OH									
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					
				OH									
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					
				OH									
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					
				OH									
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					
				OH									
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					
				OH									
To Whom Paid							M	D	Y	Amount			