In-Kind Contributions Received



Prescribed by Secretary of State 03/05

| Name of Committee in Full Karen J. Angelou for Council | | | , | | |
|---|---|---|---|-----------------------------|--|
| Full Name of Contributor | Employer Occu | pation, Labor Organization* | Pegietration | n Number, if PAC | |
| Karen Angelou | Limpioyor, Occu | pation, Easter Organization | Registration | r rumber, it rive | |
| Street Address | Description of Item or Service | | M D Y Fair Market Value | | |
| 1081 Cannonade Ct. | Envelopes | | 0 9 0 3 1 5 \$12.64 | | |
| City | Stat te | Zip Code | Received at | f Fundraising Event? | |
| Gahanna | OH ₁ | 43230 | OYES O NO | | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization* | Registration | n Number, if PAC | |
| Karen Angelou | | | | | |
| Street Address | Description of Item or Service | | M | D Y Fair Market Value | |
| 1081 Cannonade Ct. | Stamps | | 0 9 0 4 1 5 \$68.60 | | |
| City | Sta te | Zip Code | Received a | t Fundraising Event? | |
| Gahanna | OH | 43230 | O YES | (⊜ NO | |
| Full Name of Contributor | Employer, Occu | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| | | | | | |
| Street Address | Description of Item or Service | | | D Y Fair Market Value | |
| City | Sta te | Zip Code | Received a | t Fundraising Event? | |
| | OH | | O YES | O NO | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization* | | n Number, if PAC | |
| | | | | | |
| Street Address | Description of Item or Service | | M | D Y Fair Market Value | |
| | | | | | |
| City | Stal to Zip Code OH | | Received at Fundraising Event? O YES NO | | |
| | | | | | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization* | Registratio | n Number, if PAC | |
| Street Address | Description of Item or Service | | M | D Y Fair Market Value | |
| | | | | | |
| City | State | Zip Code | Received a | t Fundraising Event? | |
| | OH | | O YES | O NO | |
| Full Name of Contributor | Employer, Occu | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| | | | | | |
| Street Address | Description of Item or Service | | M | D Y Fair Market Value | |
| | | | | | |
| City | State | Zip Code | Received a | t Fundraising Event? | |
| | OH | OH | | O NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | NO YES NO NO Registration Number, if PAC | | |
| | | - | | | |
| Street Address | Description of It | em or Service | M | D Y Fair Market Value | |
| | · | | | | |
| City | Sta te | Zip Code | Received a | t Fundraising Event? | |
| · | OH | | YES ONO | | |
| Full Name of Contributor | | pation, Labor Organization* | | on Number, if PAC | |
| | | . | | | |
| Street Address | Description of It | Description of Item or Service | | D Y Fair Market Value | |
| 1 | | | | | |
| City | Stal te | Zip Code | Received a | tt Fundraising Event? | |
| | OH | | OYES | O NO | |

Page Total \$81.24

^{*} 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)]