

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 Karen Angelou	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 1081 Cannonade Ct.	Description of Item or Service Envelopes	M D Y 0 9 0 3 1 5	Fair Market Value \$12.64
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 Angelou	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 1081 Cannonade Ct.	Description of Item or Service Stamps	M D Y 0 9 0 4 1 5	Fair Market Value \$68.60
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)]