

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
PALMISCIANO FOR GRANDVIEW			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
MELISSA PALMISCIANO	JONES DAY / ATTORNEY		
Street Address	Description of Item or Service	M	D Y Fair Market Value
1376 WYANDOTTE RD	CAMPAIGN T-SHIRTS	09	2715 \$900.00
City	Sta te Zip Code	Received at Fundraising Event?	
COLUMBUS	OH 43212	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
MELISSA PALMISCIANO	JONES DAY / ATTORNEY		
Street Address	Description of Item or Service	M	D Y Fair Market Value
1376 WYANDOTTE RD	LOGO DESIGN	09	1815 \$150.00
City	Sta te Zip Code	Received at Fundraising Event?	
COLUMBUS	OH 43212	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
MELISSA PALMISCIANO	JONES DAY / ATTORNEY		
Street Address	Description of Item or Service	M	D Y Fair Market Value
1376 WYANDOTTE RD	CAMPAIGN LITERATURE	09	3015 \$595.88
City	Sta te Zip Code	Received at Fundraising Event?	
COLUMBUS	OH 43212	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
MELISSA PALMISCIANO	JONES DAY / ATTORNEY		
Street Address	Description of Item or Service	M	D Y Fair Market Value
1376 WYANDOTTE RD	YARD SIGNS	09	2815 \$1,136.85
City	Sta te Zip Code	Received at Fundraising Event?	
COLUMBUS	OH 43212	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Sta te Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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	Sta te Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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	Sta te Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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)]

\$2,782.73
Page Total \$