## **Statement of Contributions Received**

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Prescribed by Sceretary of State 03/05

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Name of Committee in Full MELISSA DUNLAP PALMISCIA	ANO			
Full Name of Contributor MARJORIE DUFFY			Registration Number, if F	PAC
Street Address 1116 BROADVIEW AVE		upation/Labor Organization  DAY/ATTORNE	EY	Form (Cash, Check, etc.)
City COLUMBUS	State OH	Zip Code 43212	D 9 2 8 1 5	Amount \$100.00
Full Name of Contributor KATIE FISHER		L	Registration Number, if F	PAC
Street Address 1814 W 1ST AVE	Employer/Occu	Employer/Occupation/Labor Organization* STAY-AT-HOME MOM		Form (Cash, Check, etc.)
City COLUMBUS	State OH	Zip Code 43212	M 0 1 4 1 0 0 7 1 5	Amount \$13.00
Full Name of Contributor MELISSA BORKOWSKI			Registration Number, if P	
Street Address 1906 W 1ST AVE		upation/Labor Organization* F-HOME MOM		Form (Cash, Check, etc.)
COLUMBUS	State OH	Zip Code 43212	1 0 1 1 1 5	Amount
Full Name of Contributor CATHLEEN BENTLEY			Registration Number, if P	AC
Street Address 1408 W 2ND AVE	CHILDRE	upation/Labor Organization* EN'S Hospital	SOCIAL WORKER	Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43212	M D Y 1 0 0 9 1 5	Amount \$50.00
Full Name of Contributor EDWARD WINEMILLER			Registration Number, if P	АС
Street Address 1365 ELMWOOD AVE		ipation/Labor Organization* RNER CABLE/IT T	ГЕСН	Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43212	1 0 0 9 1 5	Amount \$50.00
Full Name of Contributor GRETA KEARNS			Registration Number, if P.	'AC
Street Address 1241 LINCOLN RD	GRETA K	apation/Labor Organization* KEARNS LAW, LLC	C/ATTORNEY	Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43212	M D Y 1 5	Amount \$50.00
Full Name of Contributor DAVID CHUTE	DAVID CHUTE			PAC
Street Address 1185 LINCOLN RD	ADVANCED AN	pation/Labor Organization NALYTICS LABORATORIES, IN	NC,/PROJECT MANAGER	Form (Cash, Check, etc.) CASH
City COLUMBUS	Stałc OH	Zip Code 43212	0 9 2 6 1 5	Amount \$25,00
Full Name of Contributor JAMES T. KENNARD			Registration Number, if Pa	
Street Address 335 AVON CT	JONES D	pation/Labor Organization OAY/ATTORNEY		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	0 9 3 0 1 5	Amount \$50.00

Page Total \$350.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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)]