

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MELISSA DUNLAP PALMISCIANO							
Full Name of Contributor MARJORIE DUFFY				Registration Number, if PAC			
Street Address 1116 BROADVIEW AVE		Employer/Occupation/Labor Organization* JONES DAY/ATTORNEY			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43212	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor KATIE FISHER				Registration Number, if PAC			
Street Address 1814 W 1ST AVE		Employer/Occupation/Labor Organization* STAY-AT-HOME MOM			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State OH	Zip Code 43212	M 1	D 0	Y 0	Amount \$13.00	
Full Name of Contributor MELISSA BORKOWSKI				Registration Number, if PAC			
Street Address 1906 W 1ST AVE		Employer/Occupation/Labor Organization* STAY-AT-HOME MOM			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State OH	Zip Code 43212	M 1	D 0	Y 1	Amount \$12.00	
Full Name of Contributor CATHLEEN BENTLEY				Registration Number, if PAC			
Street Address 1408 W 2ND AVE		Employer/Occupation/Labor Organization* CHILDREN'S HOSPITAL/SOCIAL WORKER			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43212	M 1	D 0	Y 0	Amount \$50.00	
Full Name of Contributor EDWARD WINEMILLER				Registration Number, if PAC			
Street Address 1365 ELMWOOD AVE		Employer/Occupation/Labor Organization* TIME WARNER CABLE/IT TECH			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43212	M 1	D 0	Y 0	Amount \$50.00	
Full Name of Contributor GRETA KEARNS				Registration Number, if PAC			
Street Address 1241 LINCOLN RD		Employer/Occupation/Labor Organization* GRETA KEARNS LAW, LLC/ATTORNEY			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43212	M 1	D 0	Y 0	Amount \$50.00	
Full Name of Contributor DAVID CHUTE				Registration Number, if PAC			
Street Address 1185 LINCOLN RD		Employer/Occupation/Labor Organization* ADVANCED ANALYTICS LABORATORIES, INC./PROJECT MANAGER			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State OH	Zip Code 43212	M 0	D 9	Y 2	Amount \$25.00	
Full Name of Contributor JAMES T. KENNARD				Registration Number, if PAC			
Street Address 335 AVON CT		Employer/Occupation/Labor Organization* JONES DAY/ATTORNEY			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State OH	Zip Code 43017	M 0	D 9	Y 3	Amount \$50.00	

* 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)]

\$350.00