Page	1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		· -				
PALMISCIANO FOR GRANDVIEW	7					
Full Name of Contributor			Registr	ration Nu	mber, if PA	AC
MEGAN MURPHY			•		•	•
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
1211 WYANDOTTE RD	ARCHITECT					CASH
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	OH	43212	10	20	1 5	20.00
Full Name of Contributor			Registi		mber, if PA	
MARGARET ROTOLO						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1690 MERRICK RD	SOCIAL WORKER					CHECK
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	OH	43212	1 0	0 1 5	1 5	100.00
Full Name of Contributor			Registr	ration Nu	mber, if P	AC .
SHARON HENDERSHOT						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
1454 CAMBRIDGE BLVD						CASH
COL LIN IDLIC	State	Zip Code	М	D	Y	Amount
COLUMBUS Full Name of Contributor	OH	43212	1 (1 5	1 5	10.00
Lem Name of Couttiontot			Registr	ration Nur	nber, if PA	ıC
Street Address						
oneci Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City						
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor		<u> </u>				
			Registr	ution Nur	nber, if PA	.c
Street Address	Fmplover/Occur	pation/Labor Organization*				P (0 1 0)
	Simpleyerrood	whom provide Cultivation				Form (Cash, Check, etc.)
City	State	Zip Code	T W	1 5	1 7	A .
·		Esip Code	М	D	Y	Amount
Full Name of Contributor			Pariete	tion Nive	nber, if PA	C
			Kegisu	uton Nun	nder, II PA	.c
Street Address	Employer/Occur	ntion/Labor Organization*	L			Francisco Charles
	, , , , , , , , , , , , , , , , , , , ,	Olganization				Form (Cash, Check, etc.)
City	State	Zip Code	М	ΤD	Y	Amount
		1	1 "	lĭ	1	' MIOUIT
Full Name of Contributor			Registra	ation Nun	aber, if PA	c
					,	•
Street Address	Employer/Occup	ation/Labor Organization*	 			Form (Cash, Check, etc.)
						, , , , , , , , , , , , , , , , , , , ,
City	State	Zip Code	М	D	Y	Amount
					1	
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registra	tion Nun	ber, if PA	c
			ł			
Street Address	Employer/Occupation/Labor Organization*			•		Form (Cash, Check, etc.)
						•
City	State	Zip Code	М	D	Y	Amount
		<u> </u>				,
quired for contributions from individuals over \$100 to statewide and		1' 1 . 70				

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	130.00