

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | |
|---|--|-----------------------|---|--------------------------|--|-----------------------------|--|-------------------|-------------------------|
| Name of Committee in Full PALMISCIANO FOR GRANDVIEW | | | | | | | | | |
| Full Name of Contributor MEGAN MURPHY | | | | | | Registration Number, if PAC | | | |
| Street Address 1211 WYANDOTTE RD | | | Employer/Occupation/Labor Organization* ARCHITECT | | | | Form (Cash, Check, etc.) CASH | | |
| City COLUMBUS | | State O H | | Zip Code 43212 | | M 10 | D 20 | Y 1 5 | Amount 20.00 |
| Full Name of Contributor MARGARET ROTOLO | | | | | | Registration Number, if PAC | | | |
| Street Address 1690 MERRICK RD | | | Employer/Occupation/Labor Organization* SOCIAL WORKER | | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | | State O H | | Zip Code 43212 | | M 1 0 | D 1 5 | Y 1 5 | Amount 100.00 |
| Full Name of Contributor SHARON HENDERSHOT | | | | | | Registration Number, if PAC | | | |
| Street Address 1454 CAMBRIDGE BLVD | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CASH | | |
| City COLUMBUS | | State O H | | Zip Code 43212 | | M 1 0 | D 1 5 | Y 1 5 | Amount 10.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
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| City | | State | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | | Zip Code | | M | D | Y | Amount |

* 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