



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee David Donofrio for Ohio				
Full Name of Contributor David Donofrio			Registration Number, if PAC N/A	
Street Address 298 Carilla Ln.		Employer/Occupation/Labor Organization* Prairie Twp		Form (Cash, Check, etc.) EFT
City Columbus	State OH <input type="checkbox"/>	Zip Code 43228	Date (MM/DD/YYYY) 08/09/2019	Amount \$170.00
Full Name of Contributor David Donofrio			Registration Number, if PAC N/A	
Street Address 298 Carilla Ln.		Employer/Occupation/Labor Organization* Prairie Twp		Form (Cash, Check, etc.) EFT
City Columbus	State OH <input type="checkbox"/>	Zip Code 43228	Date (MM/DD/YYYY) 08/14/2019	Amount \$172.50
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]