

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full David Donofrio For Ohio									
Full Name of Contributor Rachel Hoffrichter						Registration Number, if PAC			
Street Address 5533 Glasgow Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Columbus		State OH		Zip Code 43235		M 1		D 2	
						Y 0		Y 7	
						Amount \$20.00			
Full Name of Contributor									
Street Address						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH				Y		Y	
						Amount			
Full Name of Contributor									
Street Address						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH				Y		Y	
						Amount			
Full Name of Contributor									
Street Address						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH				Y		Y	
						Amount			
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Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH				Y		Y	
						Amount			
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		OH				Y		Y	
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City		State		Zip Code		M		D	
		OH				Y		Y	
						Amount			
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City		State		Zip Code		M		D	
		OH				Y		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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$20.00**