

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full David Donofrio For Ohio									
Full Name of Contributor Friends of Joshua Clark							Registration Number, if PAC		
Street Address 178 Hanford St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43206		M 1 D 1 Y 2		Amount \$100.00	
Full Name of Contributor David Donofrio							Registration Number, if PAC		
Street Address 298 Carilla Lane				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) EFT Transfer	
City Columbus		State OH		Zip Code 43228		M 1 D 1 Y 2		Amount \$100.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 1 D 1 Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 1 D 1 Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 1 D 1 Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 1 D 1 Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 1 D 1 Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 1 D 1 Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 1 D 1 Y 2		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 **\$200.00**