

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>David Donofrio For Ohio</b>									
Full Name of Contributor <b>Rachel Hoffrichter</b>							Registration Number, if PAC		
Street Address <b>5533 Glasgow Place</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43235</b>		M <b>0</b>		D <b>1</b>	
						Y <b>0</b>		Amount <b>\$20.00</b>	
Full Name of Contributor <b>David Donofrio</b>							Registration Number, if PAC		
Street Address <b>298 Carilla Lane</b>				Employer/Occupation/Labor Organization* <b>Tailored Management</b>				Form (Cash, Check, etc.) <b>EFT transfer</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43228</b>		M <b>0</b>		D <b>2</b>	
						Y <b>0</b>		Amount <b>\$1,000.00</b>	
Full Name of Contributor <b>Rachel Hoffrichter</b>							Registration Number, if PAC		
Street Address <b>5533 Glasgow Place</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43235</b>		M <b>0</b>		D <b>2</b>	
						Y <b>0</b>		Amount <b>\$20.00</b>	
Full Name of Contributor <b>Rachel Hoffrichter</b>							Registration Number, if PAC		
Street Address <b>5533 Glasgow Place</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43235</b>		M <b>0</b>		D <b>3</b>	
						Y <b>0</b>		Amount <b>\$20.00</b>	
Full Name of Contributor <b>Rachel Hoffrichter</b>							Registration Number, if PAC		
Street Address <b>5533 Glasgow Place</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43235</b>		M <b>0</b>		D <b>4</b>	
						Y <b>0</b>		Amount <b>\$20.00</b>	
Full Name of Contributor <b>Rachel Hoffrichter</b>							Registration Number, if PAC		
Street Address <b>5533 Glasgow Place</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43235</b>		M <b>0</b>		D <b>5</b>	
						Y <b>0</b>		Amount <b>\$20.00</b>	
Full Name of Contributor <b>Rachel Hoffrichter</b>							Registration Number, if PAC		
Street Address <b>5533 Glasgow Place</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43235</b>		M <b>0</b>		D <b>6</b>	
						Y <b>0</b>		Amount <b>\$20.00</b>	
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 also appear. [R.C. 3517.10(B)(4)]