



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee David Donofrio for Ohio				
Full Name of Contributor Rachel Hoffrichter			Registration Number, if PAC —	
Street Address 5533 Glasgow Pl.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 04/06/2018	Amount \$20.00
Full Name of Contributor Rachel Hoffrichter			Registration Number, if PAC —	
Street Address 5533 Glasgow Pl.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 05/06/2018	Amount \$20.00
Full Name of Contributor Rachel Hoffrichter			Registration Number, if PAC —	
Street Address 5533 Glasgow Pl.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 06/06/2018	Amount \$20.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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)]

Page Total **\$60.00**