



Statement of Contributions Received

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Form 31-A
ORC 3517.10

Full Name of Committee David Donofrio for Ohio					
Full Name of Contributor Alexander Sawyers				Registration Number, if PAC —	
Street Address 5054 Emerald Lakes Blvd		Employer/Occupation/Labor Organization* Kroger		Form (Cash, Check, etc.) EFT	
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 01/08/2018	Amount \$ 15.00	
Full Name of Contributor Kristin Bryant				Registration Number, if PAC —	
Street Address 387 Cheyenne way		Employer/Occupation/Labor Organization* Lawyer		Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 01/08/2018	Amount \$ 25.00	
Full Name of Contributor Karen Sheets				Registration Number, if PAC —	
Street Address 4742 Henley Ave		Employer/Occupation/Labor Organization* self		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 01/08/2018	Amount \$ 25.00	
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) 02/06/2018	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) 03/06/2018	Amount \$ 20.00	

*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 **\$ 105.00**