

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 N/A			
Street Address 5533 Glasgow Pl.				Employer Occupation Labor Organization*		Form (Cash, Check, etc.) EFT	
City Columbus		State OH	Zip Code 43235	M 07	D 06	Y 18	Amount 20.00
Full Name of Contributor Aryeh Alex				Registration Number, if PAC N/A			
Street Address 1452 Hamshurg Pike				Employer Occupation Labor Organization*		Form (Cash, Check, etc.) EFT	
City Grove City		State OH	Zip Code 43123	M 07	D 10	Y 18	Amount 25.00
Full Name of Contributor David T. Donofrio				Registration Number, if PAC N/A			
Street Address 298 Carilla Ln.				Employer Occupation Labor Organization*		Form (Cash, Check, etc.) EFT	
City Columbus		State OH	Zip Code 43228	M 07	D 24	Y 18	Amount 290.00
Full Name of Contributor Rachel Hoffrichter				Registration Number, if PAC N/A			
Street Address 5533 Glasgow Pl.				Employer Occupation Labor Organization*		Form (Cash, Check, etc.) EFT	
City Columbus		State OH	Zip Code 43235	M 08	D 06	Y 18	Amount 20.00
Full Name of Contributor Rachel Hoffrichter				Registration Number, if PAC N/A			
Street Address 5533 Glasgow Pl.				Employer Occupation Labor Organization*		Form (Cash, Check, etc.) EFT	
City Columbus		State OH	Zip Code 43235	M 09	D 06	Y 18	Amount 20.00
Full Name of Contributor Rachel Hoffrichter				Registration Number, if PAC N/A			
Street Address 5533 Glasgow Pl.				Employer Occupation Labor Organization*		Form (Cash, Check, etc.) EFT	
City Columbus		State OH	Zip Code 43235	M 10	D 06	Y 18	Amount 20.00
Full Name of Contributor Rachel Hoffrichter				Registration Number, if PAC N/A			
Street Address 5533 Glasgow Pl.				Employer Occupation Labor Organization*		Form (Cash, Check, etc.) EFT	
City Columbus		State OH	Zip Code 43235	M 11	D 06	Y 18	Amount 20.00
Full Name of Contributor David T. Donofrio				Registration Number, if PAC N/A			
Street Address 298 Carilla Ln.				Employer Occupation Labor Organization*		Form (Cash, Check, etc.) EFT	
City Columbus		State OH	Zip Code 43228	M 11	D 09	Y 18	Amount 750.00

* 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 \$ 1165.00