

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full David Donofrio For Ohio						
Full Name of Contributor Stonewall Democrats From Central Ohio				Registration Number, if PAC		
Street Address 700 Morse Rd. Ste. 105		Employer/Occupation/Labor Organization* Stonewall Democrats of Central Ohio			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 2	Amount \$250.00
Full Name of Contributor Rachel Hoffrichter				Registration Number, if PAC		
Street Address 5533 Glasgow Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43235	M 1	D 1	Y 0	Amount \$20.00
Full Name of Contributor Jeffrey Mackey				Registration Number, if PAC		
Street Address 1532 Melrose Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43224	M 1	D 1	Y 1	Amount \$50.00
Full Name of Contributor Jeff Smith				Registration Number, if PAC		
Street Address 773 Dennison Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 1	Amount \$50.00
Full Name of Contributor Paul Feeney				Registration Number, if PAC		
Street Address 158 Buttlers Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 1	Amount \$100.00
Full Name of Contributor Katharine Bowman				Registration Number, if PAC		
Street Address 1000 Urlin Ave Unit 610		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43212	M 1	D 1	Y 1	Amount \$100.00
Full Name of Contributor Bill Hedrick Esq.				Registration Number, if PAC		
Street Address 535 W 1st Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 1	Amount \$50.00
Full Name of Contributor Bobby McDowall				Registration Number, if PAC		
Street Address 350 Curtis St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Mogadore	State OH	Zip Code 44260	M 1	D 2	Y 0	Amount \$25.00

* 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 **\$645.00**