



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee David Donofrio				
Full Name of Contributor Stonewall Democrats of Central Ohio			Registration Number, if PAC unknown	
Street Address 340 E. Fulton St.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/13/2017	Amount \$100.00
Full Name of Contributor Joseph Malagis, Jr.			Registration Number, if PAC N/A	
Street Address 1548 Grove Hill Dr.		Employer/Occupation/Labor Organization* L Brands		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43240	Date (MM/DD/YYYY) 10/03/2017	Amount \$50.00
Full Name of Contributor SWEA/EPAC			Registration Number, if PAC unknown	
Street Address 4074 Hoover Rd #201		Employer/Occupation/Labor Organization* SWEA/OEA		Form (Cash, Check, etc.) check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/11/2017	Amount \$2307.88
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 **\$2457.88**