



Full Name of Committee 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* N/A		Form (Cash, Check, etc.) Credit card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 01/06/2017	Amount \$ 20.00
Full Name of Contributor Rachel Hoffrichter			Registration Number, if PAC N/A	
Street Address 5533 Glasgow Pl		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Credit card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 02/06/2017	Amount \$ 20.00
Full Name of Contributor Rachel Hoffrichter			Registration Number, if PAC N/A	
Street Address 5533 Glasgow Pl		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Credit card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 03/06/2017	Amount \$ 20.00
Full Name of Contributor Rachel Hoffrichter			Registration Number, if PAC N/A	
Street Address 5533 Glasgow Pl		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Credit card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 04/06/2017	Amount \$ 20.00
Full Name of Contributor Rachel Hoffrichter			Registration Number, if PAC N/A	
Street Address 5533 Glasgow Pl		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Credit card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 05/06/2017	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)]