



Statement of Contributions Received

Form 31-4

ORC 3517.10

Full Name of Committee David Tonofrio for Onio					
Full Name of Contributor Registration			Registration Number	Λ !	
Full Name of Contributor Registration N A				\mathcal{M}	A
Street Address 33 Glasgow Pl	Employer/Occupation/Labor Organization* ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				Form (Cash, Check, etc.) Civedit Cand
City Columbus	State OH	Zip Code 47235	Date (MM/DI	6/2017	Amount \$ 20.00
Full Name of Co. Rachel Hoffvic	NRI			Registration Number	er, if PAC
Street Address 5533 G [9590W PI		Occupation/Labor Org			Form (Cash, Check, etc.) CVED LE CAVO
City Columbus	State OH	Zip Code 43235	Date (MM/DI	06/2017	Amount 50.00
Full Name of Contributor Rachel Hoffvichter				Registration Number	er, if PAC NLA
Street Address 33 Glasgow Pl	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
city columbus	State OH	Zip Code Date (MM/DD/YYYY) 03/06/2017			Amount 4 20.00
Full Name of Contributor Rachel Haffrichter				Registration Number, if PAC M A	
Street Address 5533 Glasgow 1	Employer	Occupation/Labor Or N / A	ganization*		Form (Cash, Check, etc.)
Columbus	State OH	Zip Code 47235	Date (MM/DI ひせ /	06/2017	Amount 20.00
Full Name of Contributor Rachel Hoffvichter				Registration Number, if PAC	
Street Address 619590W Columbus	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.) CVEQ (FOR
columbus	State OH	Zip Code 43235	Date (MM/D	06/2017	Amount 920.00

^{*}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)]