

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full David Donofrio for Ohio									
Full Name of Contributor David Conrad							Registration Number, if PAC		
Street Address 334 Carilla Lane			Employer Occupation: Labor Organization N/A				Form (Cash, Check, etc.) Cash & Check		
City Columbus		State OH	Zip Code 43228		M 06	D 23	Y 15	Amount \$120.00	
Full Name of Contributor David Donofrio							Registration Number, if PAC		
Street Address 298 Carilla Lane			Employer Occupation: Labor Organization Tailored Management				Form (Cash, Check, etc.) EFT		
City Columbus		State OH	Zip Code 43228		M 09	D 01	Y 15	Amount \$3,090.10	
Full Name of Contributor David Donofrio							Registration Number, if PAC		
Street Address 298 Carilla Lane			Employer Occupation: Labor Organization Tailored Management				Form (Cash, Check, etc.) EFT		
City Columbus		State OH	Zip Code 43228		M 09	D 09	Y 15	Amount \$38.24	
Full Name of Contributor David Donofrio							Registration Number, if PAC		
Street Address 298 Carilla Lane			Employer Occupation: Labor Organization Tailored Management				Form (Cash, Check, etc.) EFT		
City Columbus		State OH	Zip Code 43228		M 10	D 04	Y 15	Amount \$800.00	
Full Name of Contributor David Donofrio							Registration Number, if PAC		
Street Address 298 Carilla Lane			Employer Occupation: Labor Organization Tailored Management				Form (Cash, Check, etc.) EFT		
City Columbus		State OH	Zip Code 43228		M 10	D 14	Y 15	Amount \$300.00	
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 10	D 06	Y 15	Amount \$100.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer Occupation: Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer Occupation: Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	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)]