

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Doug Smith									
Full Name of Contributor Doug Smith						Registration Number, if PAC			
Street Address 169 E North St			Employer/Occupation/Labor Organization Self				Form (Cash, Check, etc.) cash		
City Worthington		State OH	Zip Code 43085		M 1	D 0	Y 2	Y 5	Amount \$500.00
Full Name of Contributor Blue Streak Strategies, LLC						Registration Number, if PAC			
Street Address 990 Aspenwood Dr			Employer/Occupation/Labor Organization marketing company				Form (Cash, Check, etc.) check		
City Seven Hills		State OH	Zip Code 44131		M 1	D 0	Y 2	Y 7	Amount \$1,000.00
Full Name of Contributor Doug Smith						Registration Number, if PAC			
Street Address 169 E North St			Employer/Occupation/Labor Organization Self				Form (Cash, Check, etc.) cash		
City Worthington		State OH	Zip Code 43085		M 1	D 1	Y 2	Y 8	Amount \$600.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	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)]

Page Total **\$2,100.00**