

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Doug Smith							
Full Name of Contributor Blue Streak Strategies, LLC (Doug Smith)					Registration Number, if PAC		
Street Address 893 N High St, STE H		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 1	Amount 1,000.00	
Full Name of Contributor The Bedford Standard, LLC (Doug Smith)					Registration Number, if PAC		
Street Address 893 N High St, STE H		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 1	Amount 1,000.00	
Full Name of Contributor Doug Smith					Registration Number, if PAC		
Street Address 169 E North St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 1	Amount 700.00	
Full Name of Contributor Susie Kneidler					Registration Number, if PAC		
Street Address 263 Weydon Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 1	Amount 20.00	
Full Name of Contributor Andy Shafran					Registration Number, if PAC		
Street Address 7128 Bluffstream Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online Check		
City Columbus	State O H	Zip Code 43235	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Saundra Saboley					Registration Number, if PAC		
Street Address 6862 Hayhurst St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 1	Amount 10.00	
Full Name of Contributor William Roberts					Registration Number, if PAC		
Street Address 809 Robbins Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 1	Amount 500.00	
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	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 3,330.00