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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N								
Name of Committee in Full								
Citizens for Doug Smith Full Name of Commission Number, if PAC								
Blue Streak Strategies, LLC (Doug Smith)					Registration Number, if PAC			
Street Address		-/0	rian (I aban Ossaniustian t				Form (Cash, Check, etc.)	
1	Employe	//Occupe	ation/Labor Organization*					
893 N High St, STE H	Šta	-	Zip Code	Тм	<u> </u>	ΙΥ	Check	
Worthington		H	43085	1	D 1 9	1	Amount	
Full Name of Contributor	1 0 1		1 43003		•	1 5	1,000.00	
Full Name of Contributor Registration Number, if PAC The Bedford Standard, LLC (Doug Smith)								
Street Address		r/Occums	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
893 N High St, STE H	Z.i.pio/ci	госира	STORE DELLOTE OF EMPLICATION				Check	
City	Sta	ate.	Zip Code	М	D	ΙΥ	Amount	
Worthington	loï	H	43085	10	1.	1 5	1,000.00	
Full Name of Contributor	101		1 40000		•		•	
Full Name of Contributor Registration Number, if PAC Doug Smith								
Street Address	Employe	/Occupa	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
169 E North St							Check	
City	Sta	ate	Zip Code	Тм	D	ΙΥ	Amount	
Worthington		Н	43085	10	119	1 5	700.00	
Full Name of Contributor	1 0		10000		tion Num			
Susie Kneedler								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
263 Weydon Rd						Check		
City	Sta	ate	Zip Code	М	D	Y	Amount	
Worthington	101	Н	43085	1 0	219	115	20.00	
Full Name of Contributor					tion Num			
Andy Shafran				Į.				
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
7128 Bluffstream Ct							Online Check	
City	Sta	ate	Zip Code	М	Ð	Y	Amount	
Columbus	0	Н	43235	1 0	2 6	1 5	100.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Saundra Saboley								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6862 Hayhurst St							Online Check	
City	St		Zip Code	М	D	Y	Amount	
Worthington	0	Н	43085		1 4			
Full Name of Contributor				Registra	tion Num	ber, if PA	Ċ	
William Roberts			<u></u>					
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
809 Robbins Way							Check	
City		ate	Zip Code	М	D	Y	Amount	
Worthington		Н	43085	1 0		1 5	500.00	
Full Name of Contributor Registration, Number, if PA							.C	
							Form (Cash Charle etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
<u> </u>	+		Zin Code	T 14	I D	Ιν	Amount	
City	St	ate I	Zip Code	M	D i	Y 1	CONTRACTOR OF THE PROPERTY OF	
L			<u> </u>		<u> </u>	<u> </u>	<u></u>	

Page Total \$ 3,330.00

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 appear. {R.C. 3517.10(B)(4)}