

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |                              |  |               |               |  |                           |  |
|--|------------------------------|--|---------------|---------------|--|---------------------------|--|
| Name of Committee in Full<br><b>Citizens for Dorrian Committee</b> |                              |  |               |               |  |                           |  |
| Full Name of Contributor<br><b>Lewis R. Smoot</b>                  |                              |  |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>3919 Sunbury Rd.</b>                          |                              | Employer/Occupation/Labor Organization*<br><b>Smoot Construction</b> |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>  | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43219</b>   | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>3</b>                            | Amount<br><b>1,000.00</b> |  |
| Full Name of Contributor<br><b>The Columbus Group</b>              |                              |  |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>500 S Front St Ste 1200</b>                   |                              | Employer/Occupation/Labor Organization*                              |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>  | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43215</b>   | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>                            | Amount<br><b>1,000.00</b> |  |
| Full Name of Contributor<br><b>Christopher Soteriades</b>          |                              |  |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>811 Northwest Blvd</b>                        |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b>                |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>  | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43212</b>   | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>                            | Amount<br><b>50.00</b>    |  |
| 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                    |  |
| 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                    |  |
| 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 \$ 2,050.00