Page 1	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for Dorrian Committee								
Full Name of Contributor	•		Registra	tion Num	ber, if PA	.C		
Lewis R. Smoot								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc.)	
3919 Sunbury Rd.	Smoot Construction					Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43219	1 0	3 0	0 5	1,0	00.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
The Columbus Group								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc.)	
500 S Front St Ste 1200						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43215	111	0 1	0 5	1.0	00.00	
Full Name of Contributor		•		tion Num	ber, if PA	,		
Christopher Soteriades		•	1					
Street Address	Employer/Occu	pation/Labor Organization*	_			Form (Cash, Check,	etc.)	
811 Northwest Blvd	N/A	• • • • • • • • • • • • • • • • • • •				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	, ·	1 1	0 3	0 5		50.00	
Full Name of Contributor	10   11	10414			ber, if PA	C	50.00	
Tail Palle of Commoney			Rogistia	tion 1 tun	.001, 11 1 7 1			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc )	
Direct Address	Linployen	pation Labor Organization				onn (Casil, Check,	cic.)	
City	State	Zip Code	Ιм	D	ΙΥ	A		
City	State	Zip Code	IMI I			Amount		
C HALL COLL. The			n		1			
Full Name of Contributor Registration Number, if PAC								
0	Tr: 1 /O					F (0 ) 0 1		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc.)	
			. 1		T			
City	State	Zip Code	М	D	Y	Amount		
				L <u>.</u> L.,	<u> </u>			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
			<u> </u>					
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
		·						
City	State	Zip Code	M	D	Y	Amount	<b>、</b> ·	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc.)	
	1							
City	State	Zip Code	М	Ď	Y	Amount		
					1 1		·	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
City	State	Zip Code	М	D	Y	Amount		
				<sub> -</sub>				
L	1	_ t						

\* 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
--	---------------	----------