

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dan Skinner											
Full Name of Contributor Daniel J. Skinner						Registration Number, if PAC					
Street Address 7265 Sorrelwood Ct.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Cash				
City Reynoldsburg			State OH		Zip Code 43068		M 02		D 28	Y 13	Amount \$1,300.00
Full Name of Contributor Alex Tornero						Registration Number, if PAC					
Street Address 426 N. Selby Blvd.			Employer/Occupation/Labor Organization* Strategy Group for Media				Form (Cash, Check, etc.) Check				
City Worthington			State OH		Zip Code 43085		M 02		D 28	Y 13	Amount \$200.00
Full Name of Contributor Daniel J. Skinner						Registration Number, if PAC					
Street Address 7265 Sorrelwood Ct.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Cash				
City Reynoldsburg			State OH		Zip Code 43068		M 03		D 18	Y 13	Amount \$1,000.00
Full Name of Contributor Daniel J. Skinner						Registration Number, if PAC					
Street Address 7265 Sorrelwood Ct.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Cash				
City Reynoldsburg			State OH		Zip Code 43068		M 04		D 03	Y 13	Amount \$560.00
Full Name of Contributor Laura Cloud						Registration Number, if PAC					
Street Address 323 Fallriver Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Reynoldsburg			State OH		Zip Code 43068		M 04		D 03	Y 13	Amount \$100.00
Full Name of Contributor Daniel J. Skinner						Registration Number, if PAC					
Street Address 7265 Sorrelwood Ct.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Cash				
City Reynoldsburg			State OH		Zip Code 43068		M 04		D 04	Y 13	Amount \$70.00
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
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 \$ **3230.00**