Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Dan Skinner			<u> </u>			<u> </u>		
Full Name of Contributor			lpi . :					
Daniel J. Skinner			Kegisti	ration Nur	mber, if P	AC		
Street Address 1259 W. Oakbrook Dr.	Attorney	Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
^{City} Reynoldsburg	State OH	Zip Code 43068	D 4	2 7	1 5	Amount \$2,000.00		
Full Name of Contributor Daniel J. Skinner Registration Number, if PAC								
Street Address 1259 W. Oakbrook Dr.	Attorne	Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
^{City} Reynoldsburg	State OH	Zip Code 43068	0 ^M / ₄	2 8	1 5	Amount \$2,600.00		
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization			_	Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ation Nun	nber, if P/	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M:	D	Y	Amount		
Full Name of Contributor		-	Registra	ation Nun	nber, it PA	AC		
Street Address	Employer/Occu	pation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State OH	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	ation Num	nber, if PA	SC .		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if P A	.C		
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$4,600.00