

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|--|--------------------|---|---------------|-----------------------------|--|---------------------------|
| Name of Committee in Full Citizens for Caleb Skinner | | | | | | |
| Full Name of Contributor Caleb Skinner | | | | Registration Number, if PAC | | |
| Street Address 7265 Sorrelwood Court | | Employer/Occupation/Labor Organization* Skinner & Associates, LLC / Paralegal | | | Form (Cash, Check, etc.) Cash | |
| City Reynoldsburg | State OH | Zip Code 43068 | M 0 | D 3 | Y 1 | Amount \$15.00 |
| Full Name of Contributor Caleb Skinner | | | | Registration Number, if PAC | | |
| Street Address 7265 Sorrelwood Court | | Employer/Occupation/Labor Organization* Skinner & Associates, LLC / Paralegal | | | Form (Cash, Check, etc.) Check | |
| City Reynoldsburg | State OH | Zip Code 43068 | M 0 | D 3 | Y 1 | Amount \$400.00 |
| Full Name of Contributor Caleb Skinner | | | | Registration Number, if PAC | | |
| Street Address 7265 Sorrelwood Court | | Employer/Occupation/Labor Organization* Skinner & Associates, LLC / Paralegal | | | Form (Cash, Check, etc.) Check | |
| City Reynoldsburg | State OH | Zip Code 43068 | M 0 | D 4 | Y 0 | Amount \$600.00 |
| Full Name of Contributor Caleb Skinner | | | | Registration Number, if PAC | | |
| Street Address 7265 Sorrelwood Court | | Employer/Occupation/Labor Organization* Skinner & Associates, LLC / Paralegal | | | Form (Cash, Check, etc.) Check | |
| City Reynoldsburg | State OH | Zip Code 43068 | M 0 | D 4 | Y 0 | Amount \$200.00 |
| Full Name of Contributor Caleb Skinner | | | | Registration Number, if PAC | | |
| Street Address 7265 Sorrelwood Court | | Employer/Occupation/Labor Organization* Skinner & Associates, LLC / Paralegal | | | Form (Cash, Check, etc.) Check | |
| City Reynoldsburg | State OH | Zip Code 43068 | M 0 | D 4 | Y 0 | Amount \$200.00 |
| Full Name of Contributor Marshall Spalding | | | | Registration Number, if PAC | | |
| Street Address 1940 Glenford Court | | Employer/Occupation/Labor Organization* Retired | | | Form (Cash, Check, etc.) Check | |
| City Reynoldsburg | State OH | Zip Code 43068 | M 0 | D 4 | Y 0 | Amount \$100.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State OH | 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 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 **\$1,515.00**