## **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			Registrat	ion Num	ber, if PA	.C		
Street Address 7265 Sorrelwood Court	Employer/Occupation	on/Labor Organization	Para	alego	a/	Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State OH	Zip Code 43068	ρ β	1 2	1 1 5	Amount \$15.00		
Full Name of Contributor  Caleb Skinner				Registration Number, if PAC				
Street Address 7265 Sorrelwood Court	Employer/Occupation  Skinger (	on/Labor Organization  & ASSOCIATES, LLC	/ Par	aleg	al	Form (Cash, Check, etc.) Check		
City Reynoldsburg	Stale OH	Zip Code	0 3	1 2	1 5	\$400.00		
Full Name of Contributor Caleb Skinenr	-		Registrat	tion Num	ber, if PA			
Street Address 7265 Sorrelwood Court	Employer/Occupati	on/Labor Organization	c/An	vale	9a/	Form (Cash, Check, etc.) Check		
City Reynoldsburg	State OH	Zip Code 43068	0 4	0 1	1 5	Amount . \$600.00		
Full Name of Contributor Caleb Skinner			Registra	tion Num	iber, if PA			
Street Address 7265 Sorrelwood Court	Employer/Occupati Skinner	on/Labor Organization  & ASSOCIATES, LL	c/Pa	vale	ga l	Form (Cash, Check, etc.) Check		
City Reynoldsburg	State OH	Zip Code 43068	<b>У</b> М р 4	0 6	Y 1 5	Amount \$200.00		
Full Name of Contributor  Caleb Skinner					Registration Number, if PAC			
Street Address 7265 Sorrelwood Court	Employer/Occupati	on/Labor Organization* LABOCIA LES/UC	Para	elega		Form (Cash, Check, etc.) Check		
City Reynoldsburg	State OH	Zip Code 43068	0 <sup>M</sup> 4	0 6	1 <sup>Y</sup> 5	Amount \$200.00		
Full Name of Contributor Registration Marshall Spalding					iber, if PA			
Street Address 1940 Glenford Court	Employer/Occupati	ion/Labor Organization				Form (Cash, Check, etc.) Check		
City Reynoldsburg	State OH	Zip Code 43068	1 1	<u> </u>	1 5	\$100.00		
Full Name of Contributor Registration					aber, if Pa			
Street Address	Employer/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if P					AC"			
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City .	State OH	Zip Code	M	D	Y	Amount		

Page Total \$1,515.00

<sup>\*</sup> 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)]