31-A
R.C. 3517.10

Page 2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Citizens for Dan Skinner								
Full Name of Contributor							Registration Number, if PAC	
Daniel J. Skinner								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
7265 Sorrelwood Court	Attorney							Check
City	State	Zip Code	M		D		Y	Amount
Reynoldsburg	OH	43068	0	6	2	7	1 3	$750.00
Full Name of Contributor							Registration Number, if PAC	
Daniel J. Skinner								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
7265 Sorrelwood Court	Attorney							Check
City	State	Zip Code	M		D		Y	Amount
Reynoldsburg	OH	43068	0	6	2	8	1 3	$500.00
Full Name of Contributor							Registration Number, if PAC	
Lauren O. Spalding								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
1940 Glenford Court	Huntington Bank							Check
City	State	Zip Code	M		D		Y	Amount
Reynoldsburg	OH	43068	0	7	0	5	1 3	$100.00
Full Name of Contributor							Registration Number, if PAC	
Marcus A. Ross								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
2740 Airport Drive, Suite 300	Attorney							Check
City	State	Zip Code	M		D		Y	Amount
Columbus	OH	43219	0	7	0	5	1 3	$250.00
Full Name of Contributor							Registration Number, if PAC	
Joyce L. Oyler								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
6367 Rider Road	Ohio Conference, United Church of Christ							Check
City	State	Zip Code	M		D		Y	Amount
Reynoldsburg	OH	43068	0	7	0	5	1 3	$25.00
Full Name of Contributor							Registration Number, if PAC	
Edward T. Zalipski								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
1643 Cobblegate Lane	State Auto							Check
City	State	Zip Code	M		D		Y	Amount
Reynoldsburg	OH	43068	0	7	0	5	1 3	$20.00
Full Name of Contributor							Registration Number, if PAC	
Joyce E. Ades								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
680 Smithers Drive	Retired, Civil Service							Check
City	State	Zip Code	M		D		Y	Amount
Reynoldsburg	OH	43068	0	7	0	5	1 3	$20.00
Full Name of Contributor							Registration Number, if PAC	
Cassandra M. Reid								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
6367 Rider Road	State Auto							Check
City	State	Zip Code	M		D		Y	Amount
Reynoldsburg	OH	43068	0	7	0	5	1 3	$20.00

* 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 $1,685.00