CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1. Qualifying Name and Address of Candidate

Michael Skinner
306 E 31st Ave

2. Office Sought (include title of office as well as parish, city, town and/or election district.)

State Senate Dist 12

OFFICE USE DONE

10/11
10-D
9/21

11001002

3. Date of Primary October 22nd 2011

This report covers from Oct 1 through Oct 12

4. Type of Report:

____180th day prior to primary
____90th day prior to primary
____30th day prior to primary
X 10th day prior to primary
____10th day prior to general
____40th day after general
____Annual (future election)
____Supplemental (past election)
____Amendment to prior report

5. FINAL REPORT if:

X Withdrawn
____Unopposed
____Filed after the election AND all loans and debts paid

6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

7. Full Name and Address of Treasurer

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED 2011 SEP 22

9. Name of Person Preparing Report Michael Skinner

Daytime Telephone 985-264-0369

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 21 day of September, 2011.

Signature of Candidate/Chairperson
(To be signed by chairperson only if report by principal campaign committee)

985-264-0369
Daytime Telephone

Signature of Treasurer

985-264-0369
Daytime Telephone

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

Missing numbered pages were blank and had no information on them.

Form 102, Rev. 1/98, Page Rev. 3/00

AMENDMENT

CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1. Qualifying Name and Address of Candidate

Michael Skinner
396 E. 31st Ave
Covington LA 70433

2. Office Sought (include title of office as well as parish, city, town and/or election district.)

State Senate
Dist 12

OFFICE USE ONLY

10/4
10P
10/19

1007002

SCANNED
OCT 24 2011
By: OTS

3. Date of Primary: Oct 22, 2011

This report covers from Sept 12 through Oct 12

4. Type of Report:

- ____ 180th day prior to primary
- ____ 90th day prior to primary
- ____ 30th day prior to primary
- X 10th day prior to primary
- ____ 10th day prior to general
- ____ 40th day after general
- ____ Annual (future election)
- ____ Supplemental (past election)
- ____ Amendment to prior report

5. FINAL REPORT if:

- X Withdrawn
- ____ Unopposed
- ____ Filed after the election AND all loans and debts paid

6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

7. Full Name and Address of Treasurer

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED
2011 OCT 19 PM 3:27

Missing numbered pages were blank and had no information on them.

9. Name of Person Preparing Report: Michael Skinner

Daytime Telephone: 985-264-0364

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 21 day of Sept, 2011

Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by principal campaign committee)

985-264-0364
Daytime Telephone

Signature of Treasurer

985-264-0364
Daytime Telephone

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	0
2. In-kind Contributions (Schedule A-2)	0
3. Campaign paraphernalia sales of $25 *or less*	0
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	0
5. Other Receipts (Schedule A-3)	0
6. Loans Received (Schedule B)	0
7. Loan Repayments Received (Schedule D)	0
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	0

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	0
10. Other Disbursements (Schedule E-2)	0
11. Loan Repayments Made (Schedule B)	0
12. Funds Loaned (Schedule D)	0
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	0

FINANCIAL SUMMARY	Amount
14. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this election)	0
15. *Plus* total receipts this period (Line 8 above)	0
16. *Less* total disbursements this period (Line 13 above)	0
17. *Less* in-kind contributions (Line 2 above)	0
18. Funds on hand at close of reporting period	0

Form 102, Rev. 3/08, Page Rev. 5/08

AMENDMENT

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	0
2. In-kind Contributions (Schedule A-2)	0
3. Campaign paraphernalia sales of $25 *or less*	0
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 + 3)	0
5. Other Receipts (Schedule A-3)	0
6. Loans Received (Schedule B)	0
7. Loan Repayments Received (Schedule D)	0
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	0

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	0
10. Other Disbursements (Schedule E-2)	0
11. Loan Repayments Made (Schedule B)	0
12. Funds Loaned (Schedule D)	0
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	0

FINANCIAL SUMMARY	Amount
14. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this election)	0
15. *Plus* total receipts this period (Line 8 above)	0
16. *Less* total disbursements this period (Line 13 above)	0
17. *Less* in-kind contributions (Line 2 above)	0
18. Funds on hand at close of reporting period	0

Form 102, Rev. 3/98, Page Rev. 3/98