Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Keep Judge Squire							
all Name of Contributor			Registration Number, if PAC				
Gertrude Viney							
Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Check, etc.)	
						#8350 check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	Oh		1 2	2 5	06	25.00	
Full Name of Contributor				tion Num			
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)	
one industrial						` ' ' '	
City	State	Zip Code	M	D	Y	Amount	
City	State	Zip Code	1			i inount	
			Desistan	ation Num	har iCD/	16	
Full Name of Contributor			Registra	ttion Num	10e1, 11 FF	4C	
	ln 1 10					r. (0.1 (1.1.4.)	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC	
•			<u> </u>				
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor	<u> </u>		Registra	ation Nun	ber, if Pa	AC	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor	<u> </u>		Registr	ation Num	her if P	AC	
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
Street Address	Employer/Occ	upation/Labor Organization				roim (cash, check, etc.)	
C.	State	[z:_ C-1.	137	7	Ιν	Amazunt	
City	State	Zip Code	M	D	Y	Amount	
					1 105		
Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC	
			<u> </u>				
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	М	D	Y	Amount	
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* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	25.00
Page 1 otal 5	25.00
