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R	LC.	351	17.1	10(B

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event	Date 3/29/06	1
Page	2	

	THE STATE OF BOSTON	11 Or Blace 05705	
Name of Committee in Full Committe To Keep Judge Squire			
Full Name of Contributor contributions under \$25	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
treet Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount \$517.92
ity	Stal te OH	Zip Code	Form (Cash, Check, etc.)
ull Name of Contributor			Registration Number, if PAC
reet Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
y	Stat te	Zip Code	Form (Cash, Check, etc.)
III Name of Contributor	<u></u>	. <u> </u>	Registration Number, if PAC
reet Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount
	Stal te	Zip Code	Form (Cash, Check, etc.)
Il Name of Contributor			Registration Number, if PAC
eet Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount
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all Name of Contributor	<u></u>		Registration Number, if PAC
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Il Name of Contributor			Registration Number, if PAC
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Il Name of Contributor			Registration Number, if PAC
et Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
y	Sta te	Zip Code	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to state individual's business, if any, rather than employer should abor organization of which the employees are members, if are in the boxes below only on the last page for this event, ansfer the Total contributions for this event to form No. 31-At the date column	State attewide and General Asset be listed. If two or more only, must also appear. [R.O.]	Zip Code embly candidates. If contribut employees contribute via pays C. 3517.10(B)(4)]	or is self-employed, the occupation and the nam roll deduction and exceed the aggregate of \$100, s from form No. 31-E" and list the date of the ex
1645.76		\$0.00	Page Total \$ \$517.9