31-A
R.C. 3517.10

FOR PAPER FILING ONLY
Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full					
Committee to Keep Judge Squire					
Full Name of Contributor				**Registration Number, if PAC**	
Ruth C. Moss					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1640 Franklin Avenue					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43205	08 17 06		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Kathleen Thompson					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2420 Beverly Pl.					5-15-06
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43209	08 19 06		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Laborers Int'l Union of North America					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
620 Alum Creek Dr.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43205	08 21 06		500.00
Full Name of Contributor				**Registration Number, if PAC**	
JACK Gibbs					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
3855 McDannald Dr.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	OH	43230			150.00
Full Name of Contributor				**Registration Number, if PAC**	
Betty Burkes					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M D Y**		**Amount**
	OH				45.00
Full Name of Contributor				**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M D Y**		**Amount**
	OH				7607.61
Full Name of Contributor				**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M D Y**		**Amount**
	OH				
Full Name of Contributor				**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M D Y**		**Amount**
	OH				

* 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 $ 8452.61