

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Keep Judge Squire</b>							
Full Name of Contributor <b>Dorothy Jones</b>				Registration Number, if PAC			
Street Address <b>7099 Addington Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc) <b>Check</b>		<b>100.00</b>	
Full Name of Contributor <b>Jephtha J. Paul</b>				Registration Number, if PAC			
Street Address <b>999 Thetford Ct</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43081</b>	Form (Cash, Check, etc) <b>Check</b>		<b>100.00</b>	
Full Name of Contributor <b>Richard Diehl</b>				Registration Number, if PAC			
Street Address <b>173 Hamilton Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43203</b>	Form (Cash, Check, etc) <b>Check</b>		<b>100.00</b>	
Full Name of Contributor <b>M. Polite</b>				Registration Number, if PAC			
Street Address <b>984 Poppy Hills Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Blacklick</b>		State <b>OH</b>	Zip Code <b>43004</b>	Form (Cash, Check, etc) <b>Check</b>		<b>200.00</b>	
Full Name of Contributor <b>\$25. or under total</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)		<b>70.00</b>	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

3665

Total expenditures this event

Page Total \$

540.00