

31-E

R.C. 3517.10(B)

Event Date 3/29/06

Page 1

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Keep Judge Squire					
Full Name of Contributor Antony Robert Hutchins			Registration Number, if PAC		
Street Address 750 E. Long Street Suite 3000	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State OH	Zip Code 43206	Amount \$46.80	Form (Cash, Check, etc.) check	
Full Name of Contributor Antony Robert Hutchins			Registration Number, if PAC		
Street Address 750 E. Long Street Suite 3000	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State OH	Zip Code 43206	Amount \$40.60	Form (Cash, Check, etc.) check	
Full Name of Contributor Antony Robert Hutchins			Registration Number, if PAC		
Street Address 750 E. Long Street Suite 3000	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State OH	Zip Code 43206	Amount \$23.90	Form (Cash, Check, etc.) check	
Full Name of Contributor Fred Wilkes			Registration Number, if PAC		
Street Address 2448 Perdue Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State OH	Zip Code 43211	Amount \$50.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara Valentine			Registration Number, if PAC		
Street Address 2454 Peekskill Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43219	Amount \$34.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Lowellton and Thelma Thomas Price			Registration Number, if PAC		
Street Address 2656 Mitzi Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43209	Amount \$33.00	Form (Cash, Check, etc.) check	
Full Name of Contributor contributions under \$25			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount \$898.94	Form (Cash, Check, etc.) checks	

* 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)]

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

--

Total expenditures this event.

\$0.00

Page Total \$ **\$1,127.24**