

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Keep Judge Squire					
Full Name of Contributor Dr. Reva Hutchins				Registration Number, if PAC	
Street Address 1856 Timberline Trail		Employer/Occupation/Labor Organization*		M	D
City Springfield		State OH	Zip Code 45503	Y	Amount 1,000.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Mr. Robert Hutchins				Registration Number, if PAC	
Street Address 1856 Timberline Trail		Employer/Occupation/Labor Organization*		M	D
City Springfield		State OH	Zip Code 45503	Y	Amount 1,000.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Atty Eric Carmichael				Registration Number, if PAC	
Street Address 1299 Brookwood Pl.		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43209	Y	Amount 200.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Pierre-Louis, Lloyd				Registration Number, if PAC	
Street Address 635 Park Meadow Rd		Employer/Occupation/Labor Organization*		M	D
City Westerville		State OH	Zip Code 43081	Y	Amount 150.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Shellee Fisher-Davis				Registration Number, if PAC	
Street Address 8349 Breckenridge		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43235	Y	Amount 100.00
				Form (Cash, Check, etc) check	
Full Name of Contributor LONNIE L. Miles				Registration Number, if PAC	
Street Address 6836 Perry Dr		Employer/Occupation/Labor Organization*		M	D
City Worthington		State OH	Zip Code 43085	Y	Amount 100.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Lester Wright				Registration Number, if PAC	
Street Address 2268 Liston Ave		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43207	Y	Amount 50.00
				Form (Cash, Check, etc) check	

* 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 \$

2,600.