

# 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>Beverly Cheeks - Jewell</b>			Registration Number, if PAC		
Street Address <b>2445 Brookwood Rd.</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc) <b>check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>Dr. Earnest Perry</b>			Registration Number, if PAC		
Street Address <b>1320 Belmont Avenue</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Youngstown</b>	State <b>OH</b>	Zip Code <b>44504</b>	Form (Cash, Check, etc) <b>check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Michael Silberstein</b>			Registration Number, if PAC		
Street Address <b>1088 Fountain Lane</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc)		Amount <b>50.00</b>
Full Name of Contributor <b>Hearcel Craig</b>			Registration Number, if PAC		
Street Address <b>5944 Shana Dr.</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43232</b>	Form (Cash, Check, etc) <b>check</b>		Amount <b>35.00</b>
Full Name of Contributor <b>Margaret Mitchell</b>			Registration Number, if PAC		
Street Address <b>1237 Kelburn</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43227</b>	Form (Cash, Check, etc) <b>cash</b>		Amount <b>40.00</b>
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor <b>Total contributions \$25. or less</b>			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount <b>150.00</b>

\* 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

**725.00**

Total expenditures this event

**.00**

Page Total \$

**725.00**