

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Keep Judge Squire									
Full Name of Contributor JOSEPH R. BRUNTON						Registration Number, if PAC			
Street Address 853 COLLEGE AVENUE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City BEXLEY		State O H	Zip Code 43209		M 0 9	D 1 0	Y 0 6	Amount 75.00	
Full Name of Contributor THELMA THOMAS PRICE						Registration Number, if PAC			
Street Address 2656 MITZI DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43209		M 0 9	D 0 7	Y 0 6	Amount 50.00	
Full Name of Contributor THE NICCI DEBRO SPA						Registration Number, if PAC			
Street Address 274 MARCONI BLVD., SUITE 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43215		M 0 9	D 1 1	Y 0 6	Amount 50.00	
Full Name of Contributor FRED F. WILKES						Registration Number, if PAC			
Street Address 2448 PERDUE AVENUE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43211-2126		M 0 9	D 0 1	Y 0 6	Amount 50.00	
Full Name of Contributor WARREN W. TYLER						Registration Number, if PAC			
Street Address 3409 RIVER SEINE STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43221		M 0 9	D 0 1	Y 0 6	Amount 250.00	
Full Name of Contributor A. ROBERT HUTCHINS						Registration Number, if PAC			
Street Address 116 SOURWOOD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City PICKERINGTON		State O H	Zip Code		M 0 9	D 2 7	Y 0 6	Amount 100.00	
Full Name of Contributor O. BEATTY, JR.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City COLUMBUS		State O H	Zip Code		M 0 9	D 2 7	Y 0 6	Amount 100.00	
Full Name of Contributor THREE CHECKS FOR \$25.00						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECKS		
City		State	Zip Code		M 0 9	D 1 9	Y 0 6	Amount 75.00	

* 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)]

Page Total \$ 750.00