

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 Fred F. Wilkes				Registration Number, if PAC	
Street Address 2448 Perdue Avenue	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State O	Zip Code H 43211-2126	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Todd Talbert				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City	State O	Zip Code	Amount 35.00	Form(Cash, Check, etc)	
Full Name of Contributor Rebecca N. Cummings				Registration Number, if PAC	
Street Address 782 Big Hill Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Kettering	State O	Zip Code H 45419-1202	Amount 98.28	Form(Cash, Check, etc) Check	
Full Name of Contributor A. Robert Hutchins, Esq				Registration Number, if PAC	
Street Address 116 Sourwood Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Pickerington	State O	Zip Code H 43147	Amount 111.30	Form(Cash, Check, etc) Check	
Full Name of Contributor Barbara J. Valentine				Registration Number, if PAC	
Street Address 2454 Peckskill Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State O	Zip Code H 43219	Amount 34.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Dr. Reva Hutchins (21 contributors each gave less than \$9.00)				Registration Number, if PAC	
Street Address 1856 Timberline Trail	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State O	Zip Code H 45503	Amount 120.75	Form(Cash, Check, etc) Check	
Full Name of Contributor Contributors \$25.00 or less excluding \$120.75 above				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City	State	Zip Code	Amount 984.88	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

1 907 71

Total expenditures this event

Page Total \$ 1,434.21