

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 J.E Davis				Registration Number, if PAC			
Street Address 2770 Bramblebush Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Columbus	State O	H	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor Thelma T. Price				Registration Number, if PAC			
Street Address 2656 Mitzi Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Columbus	State O	H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Lillian J. Carr				Registration Number, if PAC			
Street Address 8240 Greentree Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Reynoldsburg	State O	H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Rosa Pannell				Registration Number, if PAC			
Street Address 3103 Woodway Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Columbus	State O	H	Zip Code 43207	Form(Cash,Check,etc) Check			
Full Name of Contributor Herman Rease				Registration Number, if PAC			
Street Address 4806 E. Livingston		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Columbus	State O	H	Zip Code 43227	Form(Cash,Check,etc) Check			
Full Name of Contributor Contributors Under \$25				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							205.00
City	State		Zip Code	Form(Cash,Check,etc) Cash			
Full Name of Contributor Contributors Under \$25				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							103.50
City	State		Zip Code	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 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

Page Total \$ 473.50