

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 Gladys Jenkins				Registration Number, if PAC	
Street Address 1444 Severn Road		Employer/Occupation/Labor Organization*		M D Y 08 25 06	Amount 50.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc) check	
Full Name of Contributor KIM COMBS				Registration Number, if PAC	
Street Address 5824 Parkbridge Ln		Employer/Occupation/Labor Organization*		M D Y 08 25 06	Amount 40.00
City Dublin	State OH	Zip Code 43016		Form (Cash, Check, etc)	
Full Name of Contributor Merry Korn				Registration Number, if PAC	
Street Address 276 Ashbourne Place		Employer/Occupation/Labor Organization*		M D Y 08 25 06	Amount 35.00
City Bexley	State OH	Zip Code 43209		Form (Cash, Check, etc)	
Full Name of Contributor Barbara Kelsey				Registration Number, if PAC	
Street Address 1718 Franklin Ave		Employer/Occupation/Labor Organization*		M D Y 08 25 06	Amount 100.00
City Columbus	State OH	Zip Code 43205		Form (Cash, Check, etc) check	
Full Name of Contributor Jewell K. Garrison				Registration Number, if PAC	
Street Address 936 Harborton Dr.		Employer/Occupation/Labor Organization*		M D Y 08 25 06	Amount 100.00
City Columbus	State OH	Zip Code 43228		Form (Cash, Check, etc) check	
Full Name of Contributor Stephanie Green				Registration Number, if PAC	
Street Address 2223 Viburnum Ln		Employer/Occupation/Labor Organization*		M D Y 08 25 06	Amount 100.00
City Columbus	State OH	Zip Code 43235		Form (Cash, Check, etc) check	
Full Name of Contributor Diann R. Johnson				Registration Number, if PAC	
Street Address 1780 Raiser Dr.		Employer/Occupation/Labor Organization*		M D Y 08 25 06	Amount 100.00
City Reynoldsburg	State OH	Zip Code 43068		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

.00

Page Total \$

525.00