

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Committee to Keep Judge Squire									
Full Name					Registration Number, if PAC				
No other income received									
Address			Type*		M	D	Y	Amount	
			RE						
City			State	Zip Code	Form (Cash, Check, etc.)				
			OH						
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
			RE						
City			State	Zip Code	Form (Cash, Check, etc.)				
			OH						
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
			RE						
City			State	Zip Code	Form (Cash, Check, etc.)				
			OH						
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
			RE						
City			State	Zip Code	Form (Cash, Check, etc.)				
			OH						
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
			RE						
City			State	Zip Code	Form (Cash, Check, etc.)				
			OH						
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
			RE						
City			State	Zip Code	Form (Cash, Check, etc.)				
			OH						
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
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City			State	Zip Code	Form (Cash, Check, etc.)				
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Full Name					Registration Number, if PAC				
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Address			Type*		M	D	Y	Amount	
			RE						
City			State	Zip Code	Form (Cash, Check, etc.)				
			OH						
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
			RE						
City			State	Zip Code	Form (Cash, Check, etc.)				
			OH						
Full Name					Registration Number, if PAC				
Address			Type*		M	D			

[illegible]