

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05					
Name of Committee in Full	ri-ro			,			
Name of Committee in Full Committee to Keep Judge Squire Full Name of Concileutor Richard Pfeiffer, Jr. Street Address 238 E. Roya / Forest Blvd City Columbus O H 43214			Registration Number, if PAC				
Kichard Pteitter,	Jr.		1,7 1,5	1 12	I A		
238 E. Royal Fore	Employer/Occupation/Labor Organization*		M D	Y	Amount 5/.	00	
City Columbus	O H	Zip Code 43214	Form(Cash,Cl	K			
Full Name of Contributor			Registration N	lumber, if PA	Č		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Y	Amount		
City	State	Zip Code	Form(Cash,Cl	neck,etc)			
Full Name of Contributor	······································		Registration N	lumber, if PA	C	· <u>· · · · · · · · · · · · · · · · · · </u>	
Street Address	Employer/Occu	pation/Labor Organization*	M D	Y	Amount		
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Full Name of Contributor			Registration N	lumber, if PA	AC.		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Y	Amount		
City	State	Zip Code	Form(Cash,C	neck,etc)	.1		
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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	
2506.11	.00	Page Total \$

^{*} 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)]