Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	1100011000110						
Name of Committee in Full			-				
Committee to Keep Judge Squire			5 7	37 .	icp.		
Full Name of Contributor			Registrat	ion Numb	er, if PAC	;	
JOSEPH R. BRUNTON						Form (Cash, Check	: ata\
Street Address	Employer/Occupa	tion/Labor Organization*			1	•	., GW.)
853 COLLEGE AVENUE			1	-5 1	37	CHECK	
City	State	Zip Code	M	D	Y	Amount	75.00
BEXLEY	OH	43209		1 0	er, if PAC	,	75.00
Full Name of Contributor			Registrat	ion Numb	er, ii PAC	•	
THELMA THOMAS PRICE					······	Form (Cash, Check	r etc.)
Street Address	Employer/Occupa	tion/Labor Organization*				CHECK	, cw.)
2656 MITZI DRIVE		fai a i	116	Ď	Y	Amount	
City	State	Zip Code	M			Amount	50.00
COLUMBUS	O H	43209	0 9		0 6 er, if PAC		30.00
Full Name of Contributor			Registrat	ion Numi	æi, ii FAC		
THE NICCI DEBRO SPA	Tr. 1. 10	tion/I also Organization#				Form (Cash, Check	c. etc.)
Street Address	Employer/Occupa	ation/Labor Organization*				CHECK	
274 MARCONI BLVD., SUITE 100	Strate	Zin Codo	М	D	Y	Amount	
City	State O H	Zip Code	0 9		0 6	1 110	50.00
COLUMBUS	OH	43215			per, if PAC		00.00
Full Name of Contributor			regisuu	HOII I CHIIIC	JO1, 11 1 1 1 1	•	
FRED F. WILKES	TI/Occur	etion/Labor Organization*	_			Form (Cash, Chec	k, etc.)
Street Address	Employer/Occupation/Labor Organization*			CHECK			
2448 PERDUE AVENUE	State	Zip Code	М	D	Y	Amount	
COLLINADIC	O H	43211-2126	l l	0 1	1 . 1		50.00
COLUMBUS	10 11	40211-2120				2	00.00
Full Name of Contributor Registration Number, if PAC							
WARREN W. TYLER Street Address	Employer/Occup	ation/Labor Organization*	_ !			Form (Cash, Chec	k, etc.)
	Zanpioje: Strap					CHECK	
3409 RIVER SEINE STREET	State	Zip Code	M	D	Y	Amount	
COLUMBUS	ОН	43221	lo lo	0 1	0 6		250.00
Full Name of Contributor		10221			ber, if PA	C	*****
A. ROBERT HUTCHINS							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
116 SOURWOOD						CASH	
City	State	Zip Code	М	D	Y	Amount	
PICKERINGTON	OH		019	2 7	0 6		100.00
Full Name of Contributor					ber, if PA	C	
O. BEATTY, JR.							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
						CASH	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH		1019	2 7	0 6		100.00
Full Name of Contributor Registration Number, if PAC							
THREE CHECKS FOR \$25.00							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	•		
:						CHECK	S
City	State	Zip Code	M	D	Y	Amount	
	1.		0 9	119	0 6		<i>7</i> 5.00
						a of the	

* 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)]

Page Total	\$ 750.00