

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |  |                       |   |  |                   |                             |   |                         |  |
|--|--|-----------------------|---|--|-------------------|-----------------------------|---|-------------------------|--|
| Name of Committee in Full<br><b>Committee to Keep Judge Squire</b> |  |                       |   |  |                   |                             |   |                         |  |
| Full Name of Contributor<br><b>JOSEPH R. BRUNTON</b>               |  |                       |   |  |                   | Registration Number, if PAC |   |                         |  |
| Street Address<br><b>853 COLLEGE AVENUE</b>                        |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK</b>  |                         |  |
| City<br><b>BEXLEY</b>  |  | State<br><b>O   H</b> | Zip Code<br><b>43209</b>                |  | M<br><b>0   9</b> | D<br><b>1   0</b>           | Y<br><b>0   6</b>                         | Amount<br><b>75.00</b>  |  |
| Full Name of Contributor<br><b>THELMA THOMAS PRICE</b>             |  |                       |   |  |                   | Registration Number, if PAC |   |                         |  |
| Street Address<br><b>2656 MITZI DRIVE</b>                          |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK</b>  |                         |  |
| City<br><b>COLUMBUS</b>  |  | State<br><b>O   H</b> | Zip Code<br><b>43209</b>                |  | M<br><b>0   9</b> | D<br><b>0   7</b>           | Y<br><b>0   6</b>                         | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>THE NICCI DEBRO SPA</b>             |  |                       |   |  |                   | Registration Number, if PAC |   |                         |  |
| Street Address<br><b>274 MARCONI BLVD., SUITE 100</b>              |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK</b>  |                         |  |
| City<br><b>COLUMBUS</b>  |  | State<br><b>O   H</b> | Zip Code<br><b>43215</b>                |  | M<br><b>0   9</b> | D<br><b>1   1</b>           | Y<br><b>0   6</b>                         | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>FRED F. WILKES</b>                  |  |                       |   |  |                   | Registration Number, if PAC |   |                         |  |
| Street Address<br><b>2448 PERDUE AVENUE</b>                        |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK</b>  |                         |  |
| City<br><b>COLUMBUS</b>  |  | State<br><b>O   H</b> | Zip Code<br><b>43211-2126</b>           |  | M<br><b>0   9</b> | D<br><b>0   1</b>           | Y<br><b>0   6</b>                         | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>WARREN W. TYLER</b>                 |  |                       |   |  |                   | Registration Number, if PAC |   |                         |  |
| Street Address<br><b>3409 RIVER SEINE STREET</b>                   |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK</b>  |                         |  |
| City<br><b>COLUMBUS</b>  |  | State<br><b>O   H</b> | Zip Code<br><b>43221</b>                |  | M<br><b>0   9</b> | D<br><b>0   1</b>           | Y<br><b>0   6</b>                         | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>A. ROBERT HUTCHINS</b>              |  |                       |   |  |                   | Registration Number, if PAC |   |                         |  |
| Street Address<br><b>116 SOURWOOD</b>                              |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>CASH</b>   |                         |  |
| City<br><b>PICKERINGTON</b>  |  | State<br><b>O   H</b> | Zip Code                                |  | M<br><b>0   9</b> | D<br><b>2   7</b>           | Y<br><b>0   6</b>                         | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>O. BEATTY, JR.</b>                  |  |                       |   |  |                   | Registration Number, if PAC |   |                         |  |
| Street Address   |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>CASH</b>   |                         |  |
| City<br><b>COLUMBUS</b>  |  | State<br><b>O   H</b> | Zip Code                                |  | M<br><b>0   9</b> | D<br><b>2   7</b>           | Y<br><b>0   6</b>                         | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>THREE CHECKS FOR \$25.00</b>        |  |                       |   |  |                   | Registration Number, if PAC |   |                         |  |
| Street Address   |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>CHECKS</b> |                         |  |
| City   |  | State                 | Zip Code                                |  | M<br><b>0   9</b> | D<br><b>1   9</b>           | Y<br><b>0   6</b>                         | Amount<br><b>75.00</b>  |  |

\* 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