

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 Melinda Carter			Registration Number, if PAC	
Street Address 1879 Northcliff Dr.	Employer/Occupation/Labor Organization*		M	D
City Columbus	State OH	Zip Code 43229	Y	Amount 53.00
Form(Cash, Check, etc) check				
Full Name of Contributor Rita Barksdale			Registration Number, if PAC	
Street Address 3506 Seabrook Ave.	Employer/Occupation/Labor Organization*		M	D
City Columbus	State OH	Zip Code 43227	Y	Amount 53.00
Form(Cash, Check, etc) check				
Full Name of Contributor Jerry Hammond			Registration Number, if PAC	
Street Address 137 E. State Street	Employer/Occupation/Labor Organization*		M	D
City Columbus	State OH	Zip Code 43215	Y	Amount 53.00
Form(Cash, Check, etc) check				
Full Name of Contributor Catherine Wheeler			Registration Number, if PAC	
Street Address 5143 Etna Road	Employer/Occupation/Labor Organization*		M	D
City Columbus	State OH	Zip Code 43213	Y	Amount 100.00
Form(Cash, Check, etc) check				
Full Name of Contributor Joanne Aubrey			Registration Number, if PAC	
Street Address 2215 Roosevelt	Employer/Occupation/Labor Organization*		M	D
City Columbus	State OH	Zip Code 43209	Y	Amount 100.00
Form(Cash, Check, etc) check				
Full Name of Contributor Reva Hutchins			Registration Number, if PAC	
Street Address 1856 Timberline Trail	Employer/Occupation/Labor Organization*		M	D
City Springfield	State OH	Zip Code 45503	Y	Amount 100.00
Form(Cash, Check, etc) check				
Full Name of Contributor John Prater			Registration Number, if PAC	
Street Address 7574 Broad St. SW	Employer/Occupation/Labor Organization*		M	D
City Pataskala	State OH	Zip Code 43062	Y	Amount 50.00
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

2506.11

Total expenditures this event

.00

Page Total \$ 509.00