

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 Contributors under \$25.00 + \$25.00				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							1302.11
City		State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor Patricia Collins				Registration Number, if PAC			
Street Address 3033 Clairpoint Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							30.00
City Columbus		State O	Zip Code H 43227	Form (Cash, Check, etc) check			
Full Name of Contributor Sharon Keels				Registration Number, if PAC			
Street Address 1319 Roberts Pl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							55.00
City Columbus		State O	Zip Code H 43207	Form (Cash, Check, etc) check			
Full Name of Contributor Reginald Cooke				Registration Number, if PAC			
Street Address 370 S. Fifth St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City Columbus		State O	Zip Code H 43215	Form (Cash, Check, etc) check			
Full Name of Contributor Carolyn Murphy				Registration Number, if PAC			
Street Address 2389 Brookwood Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City Columbus		State O	Zip Code H 43209	Form (Cash, Check, etc) check			
Full Name of Contributor Hearcel Craig				Registration Number, if PAC			
Street Address 5944 Shana Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City Columbus		State O	Zip Code H 43232	Form (Cash, Check, etc) check			
Full Name of Contributor Robert Hutchins				Registration Number, if PAC			
Street Address 1856 Timberline Trail		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City Springfield		State O	Zip Code H 45503	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 \$ **1587.11**