

# FOR PAPER FILING ONLY

## Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Keep Judge Squire</b>							
Full Name of Contributor <b>Ruth C. Moss</b>						Registration Number, if PAC	
Street Address <b>1640 Franklin Avenue</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>		M <b>08</b>	D <b>17</b>	Y <b>06</b>
						Amount <b>100.00</b>	
Full Name of Contributor <b>Kathleen Thompson</b>						Registration Number, if PAC	
Street Address <b>2420 Beverly Pl.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>5-15-06</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>08</b>	D <b>19</b>	Y <b>06</b>
						Amount <b>50.00</b>	
Full Name of Contributor <b>Laborers Int'l Union of North America</b>						Registration Number, if PAC	
Street Address <b>620 Alum Creek Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>		M <b>08</b>	D <b>21</b>	Y <b>06</b>
						Amount <b>500.00</b>	
Full Name of Contributor <b>JACK Gibbs</b>						Registration Number, if PAC	
Street Address <b>3855 McDannald Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>		M	D	Y
						Amount <b>150.00</b>	
Full Name of Contributor <b>Betty Burkes</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y
						Amount <b>45.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y
						Amount <b>7607.61</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y
						Amount	

\* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$ 8452.61**