

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee To Keep Judge Squire					Registration Number, if PAC		
Full Name of Candidate Carole Renee Squire							
Street Address 547 Mohawk Street				Office Sought judge		District	
City Columbus				State OH		Zip Code 43206	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		1 ^M 1 0 ^D 7 0 ^Y 6	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$5,319.44
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,430.16
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$7,749.60
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$7,749.60
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$510.42
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$47,572.24
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

FILED
 06 JUN -9 PM 3:58
 FRANKLIN COUNTY
 BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Pamela Trent

Print Name and Title (Treasurer and Deputy Treasurer only)

Pamela Trent

Signature

6-9-2006

Date

Contribution pages 4

Expenditure pages 1

Other pages 4

Total pages 9

if plus cover / 10

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Committee To Keep Judge Squire							
Full Name of Contributor			Registration Number, if PAC				
Antony Robert Hutchins							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
750 E. Long Street Suite 3000				0	4	1006	\$46.80
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43206	check			
Full Name of Contributor			Registration Number, if PAC				
Antony Robert Hutchins							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
750 E. Long Street Suite 3000				0	4	1006	\$40.60
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43206	check			
Full Name of Contributor			Registration Number, if PAC				
Antony Robert Hutchins							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
750 E. Long Street Suite 3000				0	4	1206	\$23.90
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43206	check			
Full Name of Contributor			Registration Number, if PAC				
Fred Wilkes							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2448 Perdue Ave				0	4	1006	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43211	check			
Full Name of Contributor			Registration Number, if PAC				
Barbara Valentine							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2454 Peekskill Drive				0	4	0206	\$34.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43219	check			
Full Name of Contributor			Registration Number, if PAC				
Lowellton and Thelma Thomas Price							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2656 Mitzi Drive				0	4	0206	\$33.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43209	check			
Full Name of Contributor			Registration Number, if PAC				
contributions under \$25							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							\$898.94
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		checks			

* 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)]

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

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Total expenditures this event.

\$0.00

Page Total \$ 1,127.24

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Committee To Keep Judge Squire							
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount	
contributions under \$25							
Street Address		City		State		Zip Code	
		OH					
				Form (Cash, Check, etc.)		cash	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount	
Street Address		City		State		Zip Code	
				Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount	
Street Address		City		State		Zip Code	
				Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount	
Street Address		City		State		Zip Code	
				Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount	
Street Address		City		State		Zip Code	
				Form (Cash, Check, etc.)		cash	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount	
Street Address		City		State		Zip Code	
				Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount	
Street Address		City		State		Zip Code	
				Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount	
Street Address		City		State		Zip Code	
				Form (Cash, Check, etc.)			

* 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)]

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
1645.76

Total expenditures this event.
\$0.00

Page Total \$ \$517.92

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Committee to Keep Judge Squire				0	4	29	\$100.00
Full Name of Contributor Robert Fitrakis				Registration Number, if PAC			
Street Address 1240 Bryden Rd.				Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43205				
Full Name of Contributor Ben Espy				0	4	19	\$250.00
Street Address 43 Hamilton Park				Registration Number, if PAC			
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) check			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Form (Cash, Check, etc.)			
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address				Form (Cash, Check, etc.)			
City		State OH	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address				Form (Cash, Check, etc.)			
City		State OH	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address				Form (Cash, Check, etc.)			
City		State OH	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address				Form (Cash, Check, etc.)			
City		State OH	Zip Code				

* 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)]

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
350.00

Total expenditures this event.
\$0.00

Page Total \$ \$350.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Keep Judge Squire							
Full Name of Contributor contributions under \$25				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount \$210.00
City	State OH	Zip Code		Form (Cash, Check, etc.) checks			
Full Name of Contributor contributions under \$25				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount \$225.00
City	State OH	Zip Code		Form (Cash, Check, etc.) cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)			

* 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)]

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

435.00

Total expenditures this event.

\$0.00

Page Total \$ 435.00

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Keep Judge Squire														
From Whom Received Percy Squire						Prior Amount 31,500.00			Amt. Incurred this Period					
Address 547 Mohawk Street						Outstanding Balance 31,500.00								
City Columbus		State OH	Zip Code 43206			Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
M		D	Y	\$	M		D	Y	\$	M		D	Y	\$
1		0	2	2	0	0				M		D	Y	\$
Registration Number, if PAC						M		D	Y	M		D	Y	\$
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y	\$
From Whom Received Percy Squire (The Columbus Dispatch-Newspaper Advertising)						Prior Amount 4,074.24			Amt. Incurred this Period					
Address 547 Mohawk Street						Outstanding Balance 4,074.24								
City Columbus		State OH	Zip Code 43206			Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
M		D	Y	\$	M		D	Y	\$	M		D	Y	\$
1		1	0	6	0	0				M		D	Y	\$
Registration Number, if PAC						M		D	Y	M		D	Y	\$
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y	\$
From Whom Received Percy Squire (WVCO AM 1580 Franklin Communications, Inc.-Radio Advertising)						Prior Amount 1,998.00			Amt. Incurred this Period					
Address 547 Mohawk Street						Outstanding Balance 1,998.00								
City Columbus		State OH	Zip Code 43206			Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
M		D	Y	\$	M		D	Y	\$	M		D	Y	\$
1		1	0	2	0	0				M		D	Y	\$
Registration Number, if PAC						M		D	Y	M		D	Y	\$
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y	\$

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 37,572.24
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 37,572.24 (To Form No. 30-A)

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Keep Judge Squire													
From Whom Received Percy Squire (Field Resource Management-TV Spot Production)										Prior Amount 10,000.00		Amt. Incurred this Period	
Address 547 Mohawk Street										Outstanding Balance 10,000.00			
City Columbus		State OH	Zip Code 43206			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
M		D	Y					\$					
1		0	0	2	0	0							
Registration Number, if PAC										M		D	Y
Employer/Occupation/Labor Organization*										M		D	Y
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City		State	Zip Code			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
M		D	Y					\$					
Registration Number, if PAC										M		D	Y
Employer/Occupation/Labor Organization*										M		D	Y
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City		State	Zip Code			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
M		D	Y					\$					
Registration Number, if PAC										M		D	Y
Employer/Occupation/Labor Organization*										M		D	Y

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 10,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 10,000.00 (To Form No. 30-A)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Keep Judge Squire							
Full Name no other income				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount \$0.00
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Committee to Keep Judge Squire					
Full Name of Contributor Carole Renee Squire		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 547 Mohawk Street		Description of Item or Service AAA Rentals (cups/table cloth)		M D Y 0 4 2 8 0 6	Fair Market Value \$30.42
City Columbus		State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Carole Renee Squire		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 547 Mohawk Street		Description of Item or Service Columbus Music Hall Rental		M D Y 0 4 2 9 0 6	Fair Market Value \$200.00
City Columbus		State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Carole Renee Squire		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 547 Mohawk Street		Description of Item or Service Rental Fee- Wolfe Park Shelter		M D Y 0 5 2 0 0 6	Fair Market Value \$150.00
City Columbus		State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Percy Squire		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 547 Mohawk Street		Description of Item or Service hots dogs, cups, napkins, etc.		M D Y 0 5 2 0 0 6	Fair Market Value \$50.00
City Columbus		State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Carole Squire		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 547 Mohawk Street		Description of Item or Service donuts, orange juice, water		M D Y 0 5 2 0 0 6	Fair Market Value \$20.00
City Columbus		State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Carole Squire		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 547 Mohawk Street		Description of Item or Service fruit and veg trays, bread, flower		M D Y 0 5 2 0 0 5	Fair Market Value \$60.00
City Columbus		State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		M D Y	Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		M D Y	Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee to Keep Judge Squire						
To Whom Paid			M	D	Y	Amount
no expenditures						\$0.00
Address		Purpose				
City		State	Zip Code		Check Number	
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
OH						