

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

06 APR 20 AM 10:35
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Committee to Keep Judge Squire		Registration Number, if PAC	
Full Name of Candidate Carole Renee Squire		District	
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 checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year	<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.

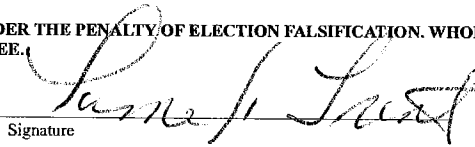
1. Amount brought forward from last report	\$	\$1,568.77
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,887.71
3. Total other income (From Form No. 31-A-2)	\$	\$9.65
4. Total funds available (sum of lines 1, 2, 3)	\$	\$5,466.13
5. Total monetary expenditures (From Form No. 31-B)	\$	\$150.00
6. Balance on hand (line 4 minus line 5)	\$	\$5,316.13
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$516.66
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.	\$	

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.

Mrs. Pamela Trent

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



04/19/2006

Date

Contribution pages 6

Expenditure pages 1

Other pages 3

Total pages 10

Ann. Plan Dam FT = 1-5-07

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Keep Squire Judge						
Full Name National City			Registration Number, if PAC			
Address 4650 East Broad Street		Type* IN	M 0	D 3	Y 0	Amount \$9.65
City Columbus		State OH	Zip Code 43213		Form (Cash, Check, etc.) Interest	
Full Name						
Address			Type* RE	M	D	Y
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address			Type* RE	M	D	Y
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address			Type* RE	M	D	Y
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address			Type* RE	M	D	Y
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address			Type* RE	M	D	Y
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address			Type* RE	M	D	Y
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address			Type* RE	M	D	Y
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.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Keep Judge Squire												
To Whom Paid The Shamrock Club of Columbus						M	D	Y	Amount			
						0	3	1	7	0	6	\$150.00
Address P.O. Box 7780				Purpose Shamrock Parade Entry Fee for 2006 Parade								
City Columbus		State OH		Zip Code 43207		Check Number 0001						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						

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			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
1 0 2 2 0 0											
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			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
1 1 0 6 0 0											
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			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
1 1 0 2 0 0											
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)

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			Date				
					Amount			Amount				
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1		0	0	2	0	0						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		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			Date				
					Amount			Amount				
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	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								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period					Payments This Period		
					Date			Date				
					Amount			Amount				
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

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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 Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC				
Committee to Keep Judge Squire								
Full Name of Contributor				Registration Number, if PAC				
Bob Fitrakis / Suzanne Patzer								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1240 Bryden Road		0	2	2	5	0	6	100.00
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O H	43205						
Full Name of Contributor				Registration Number, if PAC				
Michael Winston								
Street Address				Registration Number, if PAC				
1038 Forest Street								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1038 Forest Street		0	2	2	5	0	6	40.00
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O H	43206						
Full Name of Contributor				Registration Number, if PAC				
Cathy Wheeler and Jadarious								
Street Address				Registration Number, if PAC				
5143 Etna Road								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
5143 Etna Road		0	2	2	5	0	6	300.00
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O H	43213						
Full Name of Contributor				Registration Number, if PAC				
Charletta Tavares								
Street Address				Registration Number, if PAC				
1237 Medford Road								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1237 Medford Road		0	2	2	5	0	6	50.00
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O H	43209						
Full Name of Contributor				Registration Number, if PAC				
Joharia Parnell								
Street Address				Registration Number, if PAC				
P.O. Box 09520								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
P.O. Box 09520		0	2	2	5	0	6	50.00
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O H	43209						
Full Name of Contributor				Registration Number, if PAC				
Sandra J. Thompson								
Street Address				Registration Number, if PAC				
4317 Timber Valley Drive								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
4317 Timber Valley Drive		0	2	2	5	0	6	50.00
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O H	43230						
Full Name of Contributor				Registration Number, if PAC				
Kathleen H. Thompson								
Street Address				Registration Number, if PAC				
2420 Beverly Place								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
2420 Beverly Place		0	2	2	5	0	6	50.00
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	O H	43209						

* 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

Total expenditures this event

Page Total \$ 640.00

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				Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
							1,340.00		
City		State	Zip Code	Form(Cash, Check, etc)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash, Check, etc)			

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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
1 980.00

Total expenditures this event

Page Total \$ 1,340.00

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 Fred F. Wilkes				Registration Number, if PAC			
Street Address 2448 Perdue Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	3	2	9
City		State		Zip Code		Form(Cash, Check, etc)	
Columbus		O H		43211-2126		Check	
Full Name of Contributor Todd Talbert				Registration Number, if PAC			
Street Address 2448 Perdue Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	3	2	9
City		State		Zip Code		Form(Cash, Check, etc)	
Columbus		O H		43211-2126		Check	
Full Name of Contributor Rebecca N. Cummings				Registration Number, if PAC			
Street Address 782 Big Hill Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
782 Big Hill Road		O H		0	3	2	9
City		State		Zip Code		Form(Cash, Check, etc)	
Kettering		O H		45419-1202		Check	
Full Name of Contributor A. Robert Hutchins, Esq				Registration Number, if PAC			
Street Address 116 Sourwood Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Pickerington		O H		0	3	2	9
City		State		Zip Code		Form(Cash, Check, etc)	
Pickerington		O H		43147		Check	
Full Name of Contributor Barbara J. Valentine				Registration Number, if PAC			
Street Address 2454 Peckskill Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	3	2	9
City		State		Zip Code		Form(Cash, Check, etc)	
Columbus		O H		43219		Check	
Full Name of Contributor Dr. Reva Hutchins (21 contributors each gave less than \$9.00)				Registration Number, if PAC			
Street Address 1856 Timberline Trail		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	3	2	9
City		State		Zip Code		Form(Cash, Check, etc)	
Columbus		O H		45503		Check	
Full Name of Contributor Contributors \$25.00 or less excluding \$120.75 above				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	9
City		State		Zip Code		Form(Cash, Check, etc)	
						984.88	

* 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

1 907 71

Total expenditures this event

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Page Total \$ 1,434.21

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 J.E Davis				Registration Number, if PAC			
Street Address 2770 Bramblebush Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Columbus		State O H	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor Thelma T. Price							
Street Address 2656 Mitzi Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Lillian J. Carr							
Street Address 8240 Greentree Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Rosa Pannell							
Street Address 3103 Woodway Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Columbus		State O H	Zip Code 43207	Form(Cash,Check,etc) Check			
Full Name of Contributor Herman Rease							
Street Address 4806 E. Livingston		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	33.00
City Columbus		State O H	Zip Code 43227	Form(Cash,Check,etc) Check			
Full Name of Contributor Contributors Under \$25							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							205.00
City		State	Zip Code	Form(Cash,Check,etc) Cash			
Full Name of Contributor Contributors Under \$25							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							103.50
City		State	Zip Code	Form(Cash,Check,etc) Checks			

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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

Total expenditures this event

Page Total \$ 473.50

In-Kind Contributions Received

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
In-Kind Contributions Received at Bowlathon		\$250 or less		
Street Address		Description of Item or Service		M D Y Fair Market Value
Eastland Lanes, 3770 Refugee Road		Supplies/ invitations		0 3 2 9 0 6 \$155.94
City		State	Zip Code	Received at Fundraising Event?
Columbus		OH	43232	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Carole Squire				
Street Address		Description of Item or Service		M D Y Fair Market Value
547 Mohawk Street		Music Hall Tea supplies/rental		0 2 2 5 0 6 \$360.72
City		State	Zip Code	Received at Fundraising Event?
Columbus		OH	43206	<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	Zip Code	Received at Fundraising Event?
		OH		<input 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	Zip Code	Received at Fundraising Event?
		OH		<input 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	Zip Code	Received at Fundraising Event?
		OH		<input 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	Zip Code	Received at Fundraising Event?
		OH		<input 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	Zip Code	Received at Fundraising Event?
		OH		<input 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	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO

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