31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Committee to Keep Judge Squire									
Full Name of Contributor							**Registration Number, if PAC**		
Geneva Bacon									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
1410 Driscoll Avenue								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Springfield	O H	45506	11	29	06			100.00	
Full Name of Contributor							**Registration Number, if PAC**		
Mrs. Ruth Moss									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
1640 Franklin Avenue								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	O H	43205	10		06			100.00	
Full Name of Contributor							**Registration Number, if PAC**		
Pam Trent									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
1686 Karon Drive								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	O H	43219	10	25	06			52.00	
Full Name of Contributor							**Registration Number, if PAC**		
Contributions less than $25.00									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
								Cash / Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
			10	25	06			22.00	
Full Name of Contributor							**Registration Number, if PAC**		
Contributions less than $25.00									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
								Cash / Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
			11	16	06			42.00	
Full Name of Contributor							**Registration Number, if PAC**		
Ms. Cynthia Wooten									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
2084 Nobleshire Road								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	O H	43229	11	16	06			50.00	
Full Name of Contributor							**Registration Number, if PAC**		
Arlette Gatewood									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
3202 Castalia Avenue								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Youngstown	O H	44505						100.00	
Full Name of Contributor							**Registration Number, if PAC**		
Hearcel Craig									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
5944 Shana Drive								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	O H	43232						35.00	

* 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)]

Page Total $ 501.00