31-J-1 R.C. 3517.10

FOR PAPER FILING ONLY

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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			
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
Carole Renee Squire			
Street Address	Description of Item	<i></i>	M D Y Fair Market Value 47. 98
547 Mohawk Street	Sta te	T Phone line	Received at Fundraising Event?
Columbus	OH	43206	OYES NO
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
Carole Squire	Description of Item	or Service	M D Y Fair Market Value
547 Mohawk STREET	ATYT	Phone Line	0 7 2 3 5 6 47. 9 4 Received at Fundraising Event?
COLUMBUS	Stal te OH	43206	OYES ONO
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
CAROLE SQUIRE			
Street Address 547 Mohawk STREET	Description of Item AT + T	Phone Line	M 8 2 3 0 6 38.34
City	Sta te	Zip Code	Received at Fundraising Event?
COLUMBUS	OH	43206	OYES Ø NO
run Name of Controdict	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
CAROLE SQUIRE	Description of Item	au Courigo	M D Y Fair Market Value
Street Address 547 Mohawk STREET City COLUMBUS	ATIT	Phone Line	092304 33,34
COLUMBUS	OH.	4326	Received at Fundraising Event? OYES NO
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
Percy Squire Street Address J. Zuire			M D Y Fair Market Value
Street Address 5/60 1/10 1/	Description of Item		10 06 500 .00
547 MoHAWK STREET	STAM State	Zip Çode	Received at Fundraising Event?
COLUMBUS	OH	43206	O YES Ø NO
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
Carole Squire Street Address			
	Description of Item		M D Y Fair Market Value
547 Mohawk STREET	Stal te	int handcards	Received at Fundraising Event?
COLUMBUS	OH	43206	O YES ONO
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
		0	ad IN 3d Providence
Street Address	Description of Item or Service		M D Y Fair Market Value
City	Stal te Zip Code		Received at Fundraising Event? OYES 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
Cin.	Sta te	Zip Code	Received at Fundraising Event?
City	OH.	Enp Code	OYES O NO

Page Total /, 286.75

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]