

FOR PAPER FILING ONLY

In-Kind Contributions Received

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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 Carole Renee Squire		Employer, Occupation, Labor Organization*	
Street Address 547 Mohawk Street		Description of Item or Service AT&T Phone line	
City Columbus		State OH	Zip Code 43206
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Carole Squire		Employer, Occupation, Labor Organization*	
Street Address 547 Mohawk STREET		Description of Item or Service AT&T Phone Line	
City COLUMBUS		State OH	Zip Code 43206
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor CAROLE SQUIRE		Employer, Occupation, Labor Organization*	
Street Address 547 Mohawk STREET		Description of Item or Service AT&T Phone Line	
City COLUMBUS		State OH	Zip Code 43206
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor CAROLE SQUIRE		Employer, Occupation, Labor Organization*	
Street Address 547 Mohawk STREET		Description of Item or Service AT&T Phone Line	
City COLUMBUS		State OH	Zip Code 43206
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Percy Squire		Employer, Occupation, Labor Organization*	
Street Address 547 Mohawk STREET		Description of Item or Service STAMPS	
City COLUMBUS		State OH	Zip Code 43206
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Carole Squire		Employer, Occupation, Labor Organization*	
Street Address 547 Mohawk STREET		Description of Item or Service Patio Print Handcards	
City COLUMBUS		State OH	Zip Code 43206
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	

* 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)]

Page Total 1,286.75