

Event Date	2-11-10
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Re-Elect Judge Frye Committee					
Full Name of Contributor Terry K. Sherman *				Registration Number, if PAC	
Street Address 175 S. Merkle Rd.	Employer/Occupation/Labor Organization* Attorney		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43209	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor James A. Readey				Registration Number, if PAC	
Street Address 3033 Loire Ln.	Employer/Occupation/Labor Organization* Att; Readey Mediation LLC		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Terry L. Kilgore *				Registration Number, if PAC	
Street Address 3031 Birch Hollow Way	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 0
City Columbus	State O	Zip Code 43231	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Samuel H. Shamansky Co., LPA *				Registration Number, if PAC	
Street Address 511 South High St.	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1
City Columbus	State O	Zip Code 43215	Amount 1,000.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Daniel R. Swetnam				Registration Number, if PAC	
Street Address 2178 Stowmont Ct.	Employer/Occupation/Labor Organization* Attorney; Schottenstein		M 0	D 2	Y 1
City Columbus	State O	Zip Code 43016	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert P. Zaino				Registration Number, if PAC	
Street Address 1045 Eastchester Dr	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 0
City Gahanna	State O	Zip Code 43230	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor William D. Kloss, Jr.				Registration Number, if PAC	
Street Address 10378 Mackenzie Way	Employer/Occupation/Labor Organization* Attorney; Vorys		M 0	D 2	Y 0
City Columbus	State O	Zip Code 43017	Amount 150.00	Form(Cash,Check,etc) Check	

* 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 \$ 1,800.00