31-E R.C. 3517.10(B)

Total contributions this event

Event Date	2-11-10
Page	19

Page Total \$ __1.750.00

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretar	y of State 3/05		
Name of Committee in Full				
Re-Elect Judge Frye Committee				
Full Name of Contributor			Registration Number, if PAC	
Donald J. McTigue				мминини
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
550 E. Walnut St.	Attorney		0 2 1 0 1 0	100.00
City	1	Code	Form(Cash,Check,etc)	
Columbus		43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Richard W. Watters	Control of the Contro			
Street Address	Employer/Occupation/	Labor Organization*	M D Y Amount	۳00 O(
6292 Faircrest Rd.	Retired		0 2 2 1 1 0	500.00
City	1 1 "	Code	Form(Cash,Check,etc)	
Columbus	OH	43229	Check Registration Number, if PAC	
Full Name of Contributor			Registration Number, if FAC	
Jeanine F. Watters	TE 1 (0 (i	Make A Care a land and	M D Y Amount	
Street Address	Employer/Occupation/	Labor Organization*	M D Y Amount 0 2 2 1 1 0	500.00
6292 Faircrest Rd.	Retired State Zip	Code	Form(Cash,Check,etc)	300.00
City Columbus		43229	Check	
Full Name of Contributor		** J. L. L. J	Registration Number, if PAC	
Friends for Ginther			Registration (unifor, ii 1710	
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	
98 Montrose Way	1.mpioyen occupacion	Labor Organization	0 4 0 5 1 0	250.00
City	State Zip	Code	Form(Cash,Check,etc)	200000
Columbus		43214	Check	
Full Name of Contributor		3. O 24 3. 3.	Registration Number, if PAC	
Kirk M. Wall				
Street Address	Employer/Occupation.	/Labor Organization*	M D Y Amount	
7016 Timberview Dr.	,	& Shohl LLP	0 2 1 0 1 0	100.00
City		Code	Form(Cash,Check,etc)	
Dublin	$O \mid H \mid$	43017	Check	
Full Name of Contributor			Registration Number, if PAC	
Mark A. Vanderlaan				
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	
225 E. 5th St.	Attorney; I	<u> Dinsmore & Sho</u>		200.0
City	1 1 1	Code	Form(Cash,Check,etc)	
Cincinnati	$O \mid H$	45202	Check Page 1	
Full Name of Contributor			Registration Number, if PAC	
Michael L. Squillace	3-2-2-10-2-10-2-10-10-10-10-10-10-10-10-10-10-10-10-10-			
	Employer/Occupation	-	M D Y Amount	100.0
	Dinsmore d	& Shohl LLP	0 2 0 9 1 0	100.0
Street Address 7217 Hopewell St.			Form(Cash,Check,etc)	
		Code 43017	Check	

Total expenditures this event