

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 Stephen R. Buchenroth				Registration Number, if PAC	
Street Address 2342 Collins Dr.	Employer/Occupation/Labor Organization* Attorney; Vorys		M 0	D 3	Y 0
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Plumbers & Pipefitters L.U. 189				Registration Number, if PAC P.C.E. Entity #6220	
Street Address 1250 Kinnear Rd.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Dr. Orville C. Lynch				Registration Number, if PAC	
Street Address 2605 Mitzi Dr.	Employer/Occupation/Labor Organization* Doctor		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Tyack, Blackmore & Liston Co., LPA				Registration Number, if PAC	
Street Address 536 South High St.	Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Cooper & Elliott, LLC				Registration Number, if PAC	
Street Address 2175 Riverside Drive	Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Richard D. Topper				Registration Number, if PAC	
Street Address 5132 Olentangy River Rd.	Employer/Occupation/Labor Organization* Attorney		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Diane M. Menashe *				Registration Number, if PAC	
Street Address 536 S. Wall St., Suite 300	Employer/Occupation/Labor Organization* Attorney		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00

* 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)]

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 \$ 2,650.00