

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Judge Frye Committee					
Full Name of Contributor Scott Elliot Smith LPA			Registration Number, if PAC		
Street Address 6235 Enterprise Court	Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 8	Y 3
City Dublin	State OH	Zip Code 43016	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jo E. Kaiser *			Registration Number, if PAC		
Street Address 389 Library Park Court	Employer/Occupation/Labor Organization* Attorney at Law		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$75.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Law Office of Thomas F. Hayes LLC *			Registration Number, if PAC		
Street Address 65 East Livingston Avenue	Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bricker & Eckler LLP State Political Action Committee			Registration Number, if PAC OH821		
Street Address 100 South Third Street	Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Abe Bahgat *			Registration Number, if PAC		
Street Address 3784 Chevington Road	Employer/Occupation/Labor Organization* Atty; Abe Bahgat Co. LPA		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43220	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Law Office of Michael H. Siewert *			Registration Number, if PAC		
Street Address 307 East Livingston Avenue	Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sam B. Weiner			Registration Number, if PAC		
Street Address 96 Bishop Square	Employer/Occupation/Labor Organization* Atty; Samuel B. Weiner Co		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43209	Amount \$300.00	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 also 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

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Total expenditures this event.

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Page Total \$ **\$1,525.00**