## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	5/5/10
Page 4	

Name of Committee in East						<del></del>		
Name of Committee in Full  Re-Elect Judge Frye Committee								
	· · · · · · · · · · · · · · · · · · ·		Daniete	ation Mo	nher if 1	PAC		
Full Name of Contributor Kegler, Brown, Hill & Ritter, PAC *				Registration Number, if PAC CP648				
Street Address		ation/Labor Organization*	M	D	Y	Amount		
65 East State Street, Suite 1800	Attorne	0 5	0 6	1 0	\$500.00			
City	Star te	Zip Code	1 '	Cash, Che	ck, etc.)			
Columbus	OH	43215	Check					
Full Name of Centributor			Registr	ation Nu	nber, if l	PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount					
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)	8		
	OH		ļ					
Full Name of Contributor			Registr	ation Nu	nber, if l	PAC		
Street Address	Employer/Occup	M	D	Y	Amount			
Сіту	Sta te	Zip Code	Form (C	Cash, Che	ck, etc.)			
	OH					•		
Full Name of Contributor			Registr	ation Nu	nber, if I	PAC		
Street Address	Employer/Occupation/Labor Organization*		M;	D	Y	Amount		
City	Sta te	Zip Code	Form (C	Cash, Che	ck, etc.)			
	OH					•		
Full Name of Contributor	<u> </u>	•	Registr	ation Nu	nber, if l	PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	State OH	Zip Code	Form (C	Cash, Che	ck, etc.)			
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	OH State	Zip Code	Form (C	Cash, Che	ck, etc.)			
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	Sta te OH	Zip Code	Form (0	Cash, Che	ck, etc.)			
* Required for contributions from individuals over \$100	to statewide and General As	sembly candidates. If contribu	tor is self-em	ployed 1	the occi	mation and the name of		

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.

\$500.00

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)]