

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 Columbus Firefighters Union L-67 PAC Fund					Registration Number, if PAC LA 839		
Street Address 1380 Dublin Rd., Suite 103		Employer/Occupation/Labor Organization* 		M 0	D 2	Y 1	Amount 500.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Zeiger, Tigges & Little LLP					Registration Number, if PAC 		
Street Address 41 South High St., Suite 3500		Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 2	Y 1	Amount 1,000.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Karen S. Hockstad					Registration Number, if PAC 		
Street Address 1952 W. 5th Ave.		Employer/Occupation/Labor Organization* Attorney; Shumaker, Loop		M 0	D 2	Y 1	Amount 200.00
City Columbus		State O	H H	Zip Code 43212		Form(Cash,Check,etc) Check	
Full Name of Contributor I.B.E.W. - C.O.P.E.					Registration Number, if PAC 		
Street Address 900 Seventh St. N.W.		Employer/Occupation/Labor Organization* 		M 0	D 2	Y 1	Amount 1,000.00
City Washington		State D	C C.	Zip Code 20001		Form(Cash,Check,etc) Check	
Full Name of Contributor Donna Buckley					Registration Number, if PAC 		
Street Address 4129 Maystar Way		Employer/Occupation/Labor Organization* V. Pres. Huntington Ntl B		M 0	D 2	Y 1	Amount 300.00
City Hilliard		State O	H H	Zip Code 43026		Form(Cash,Check,etc) Check	
Full Name of Contributor Randall S. Rabe					Registration Number, if PAC 		
Street Address 65 East State St., Suite 200		Employer/Occupation/Labor Organization* Attorney; Kravitz, Brown		M 0	D 2	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Frederick D. Benton, Jr. *					Registration Number, if PAC 		
Street Address 786 S. Front St., Suite 204		Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1	Amount 150.00
City Columbus		State O	H H	Zip Code 43206		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 \$ 3,200.00