

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Re-Elect Judge Frye Committee</b>							
Full Name of Contributor <b>Michael V. Passella</b>				Registration Number, if PAC			
Street Address <b>1294 Terrace Park Dr.</b>		Employer/Occupation/Labor Organization* <b>Dinsmore &amp; Shohl LLP</b>		M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Dinsmore &amp; Shohl LLP</b>				Registration Number, if PAC			
Street Address <b>1900 Chemed Center</b>		Employer/Occupation/Labor Organization* <b>Attorneys at Law</b>		M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>500.00</b>
City <b>Cincinnati</b>		State <b>O   H</b>	Zip Code <b>45202</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>William M. Mattes</b>				Registration Number, if PAC			
Street Address <b>67 Indian Springs Dr.</b>		Employer/Occupation/Labor Organization* <b>Dinsmore &amp; Shohl LLP</b>		M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>200.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Carol O. Ray</b>				Registration Number, if PAC			
Street Address <b>2030 Tremont Rd.</b>		Employer/Occupation/Labor Organization* <b>Legal Asst.; Chester Willcox</b>		M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>250.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>John J. Chester</b>				Registration Number, if PAC			
Street Address <b>65 E. State St., Suite 1000</b>		Employer/Occupation/Labor Organization* <b>Attorney; Chester Willcox</b>		M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>575.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>David J. Chakeres, Esquire</b>				Registration Number, if PAC			
Street Address <b>7262 Park Bend Dr.</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Westerville</b>		State <b>O   H</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* 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

26,800.00

Total expenditures this event

0.00

Page Total \$ 1,675.00