

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 Thomas F. Charlesworth *				Registration Number, if PAC		
Street Address 1654 E. Broad St., Suite 301	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 11	Amount 200.00
City Columbus	State O	Zip Code H 43203	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael A. Byers				Registration Number, if PAC		
Street Address 190 N. Remington Rd.	Employer/Occupation/Labor Organization* Attorney; Taft, Stettinius &		M 0	D 2	Y 11	Amount 100.00
City Bexley	State O	Zip Code H 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Steven Larson *				Registration Number, if PAC		
Street Address 4967 Smoketack Ln.	Employer/Occupation/Labor Organization* Steven A. Larson LLC		M 0	D 2	Y 11	Amount 100.00
City Columbus	State O	Zip Code H 43081	Form(Cash,Check,etc) Check			
Full Name of Contributor Ross & Midian				Registration Number, if PAC		
Street Address 133 E. Livingston Ave.	Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 2	Y 01	Amount 100.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC		
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 2	Y 08	Amount 500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor James D. Abrams				Registration Number, if PAC		
Street Address 7643 Goodrich Sq. South	Employer/Occupation/Labor Organization* Attorney; Chester Willcox &		M 0	D 2	Y 11	Amount 100.00
City New Albany	State O	Zip Code H 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor Charles C. Warner				Registration Number, if PAC		
Street Address 145 E. South St.	Employer/Occupation/Labor Organization* Attorney; Porter Wright		M 0	D 2	Y 10	Amount 250.00
City Worthington	State O	Zip Code H 43085	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 \$ 1,350.00