31-E R.C. 3517.10(B)

Event Date	2-11-10
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	retary of State 3/05					ONGO POR CONTROL OF CO	
Name of Committee in Full						,		
Re-Elect Judge Frye Committee			T					
Full Name of Contributor			Registrat	Registration Number, if PAC				
Carpenter Lipps & Leland LLP	F 10	San Rate and Dana San San San	N	ъ	l v	Amoust		
Street Address	1	tion/Labor Organization*	M	D	Y	Amount	E00.00	
280 N. High St., Suite 1300	Attorney State	'S at LaW Zip Code	0 2 Form(Ca	1 1	1 0		500.00	
Columbus	O H	43215	1	sii,clieck Checl				
Columbus Full Name of Contributor		30210			ber, if PA	C		
Michael D. Dortch *			Kogisaai	1011 1 44111	oci, n 171	C		
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount		
9023 Indian Mound	1	Attorney; Kravitz, Brown		1 1	1 1		100.00	
City	State	Zip Code	0 2 Form(Ca					
Pickerington	$O \mid H$	43147		Checl	<			
Full Name of Contributor			Registrat	ion Num	ber, if PA	С		
William J. Pohlman								
Street Address	Employer/Occupa	ntion/Labor Organization*	М	D	Y	Amount		
74 South Stanwood Rd.	Vorys A	ttorney	0 2	0 9	1 0		250.00	
City	State	Zip Code	Form(Ca					
Bexley	$O \mid H$	43209	Check					
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C		
John P. Brody			М		·	·		
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount	4 F 0 00	
1894 King Ave.		rown Hill & Ritter			1 0		150.00	
City .	8	Zip Code	Form(Ca					
Columbus	OH	43212	an authorization and the contract of the contr	Chec	K. ber, if PA	C		
Full Name of Contributor			Registrat	HOH INUH	idei, ii PA	iC .		
Joseph L. Mas * Street Address	Employer/Occups	ntion/Labor Organization*	M	D	Y	Amount		
330 S. High St.	Employer/Occupation/Labor Organization* Attorney		1	ŧ .	1 0	, incan	100.00	
City	State	Zip Code	Form(Ca				100.00	
Columbus	OH	43215		Chec				
Full Name of Contributor				HARMAN CONTRACTOR CONT	ber, if PA	C.C.		
Lisa Pierce Reisz								
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount		
2346 Abington Rd.	Vorys A	ttorney	0 2	1 0	1 0		100.00	
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Upper Arlington		43221		Chec.	k			
Full Name of Contributor			Registra	tion Nun	ber, if PA	хC		
Philomena M. Dane							·	
Street Address		ation/Labor Organization*	M	D	Y	Amount		
4250 Rowanne Rd.		7; Squire Sanders &			1 0		150.00	
City	State	Zip Code		ash,Checl				
Columbus	$I \cap I H$	43214	1	Chec.	K			

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	
Total Controllous uns event	Total expellentities this event	Page Total \$ 7 000 00
		Page Total \$ 1.350.00