

Event Date	2-11-10
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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 Matthew A. Kairis					Registration Number, if PAC		
Street Address 325 John McConnell Blvd., Suite 600		Employer/Occupation/Labor Organization* Jones Day; Attorney		M 0	D 2	Y 1	Amount 100.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas W. Hill					Registration Number, if PAC		
Street Address 7 Wiveliscombe		Employer/Occupation/Labor Organization* Kegler Brown Hill & Ritter		M 0	D 2	Y 1	Amount 250.00
City New Albany		State O	H H	Zip Code 43054		Form(Cash,Check,etc) Check	
Full Name of Contributor George C. Luther *					Registration Number, if PAC		
Street Address 536 S. High St.		Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1	Amount 200.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Vorys Sater Seymour & Pease LLP					Registration Number, if PAC		
Street Address 52 E. Gay St. P.O. Box 1008		Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 2	Y 0	Amount 3,450.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Jennifer R. Cordle					Registration Number, if PAC		
Street Address 43 E. Beck St.		Employer/Occupation/Labor Organization* Attorney; Fed. Public Def.		M 0	D 2	Y 1	Amount 200.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor David W. Alexander					Registration Number, if PAC		
Street Address 305 Partridge Bend		Employer/Occupation/Labor Organization* Attorney; Squire Sanders &		M 0	D 2	Y 1	Amount 150.00
City Powell		State O	H H	Zip Code 43065		Form(Cash,Check,etc) Check	
Full Name of Contributor Jennifer A. Flint					Registration Number, if PAC		
Street Address 6908 Perry Dr.		Employer/Occupation/Labor Organization* Attorney; Bricker & Eckler		M 0	D 2	Y 1	Amount 100.00
City Worthington		State O	H H	Zip Code 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 \$ 4,450.00