

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 William S. Ireland *					Registration Number, if PAC		
Street Address 85 Liberty St.		Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1	Amount 150.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Baker & Hostetler LLP (OH 125)					Registration Number, if PAC		
Street Address 3200 National City Center		Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 2	Y 0	Amount 250.00
City Cleveland	State O	H H	Zip Code 44114	Form(Cash,Check,etc) Check			
Full Name of Contributor Bailey Cavalieri LLC					Registration Number, if PAC		
Street Address 10 W. Broad St., Suite 2100		Employer/Occupation/Labor Organization* Attorneys at Law		M 0	D 2	Y 0	Amount 250.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen Dehnart *					Registration Number, if PAC		
Street Address 1654 E. Broad		Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1	Amount 200.00
City Columbus	State O	H H	Zip Code 43203	Form(Cash,Check,etc) Check			
Full Name of Contributor Bryan B. Johnson					Registration Number, if PAC		
Street Address 1 E. Livingston Ave.		Employer/Occupation/Labor Organization* Attorney; Gamble Hartshorn		M 0	D 2	Y 1	Amount 250.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Aneca E. Lasley					Registration Number, if PAC		
Street Address 2808 Edgewood Rd.		Employer/Occupation/Labor Organization* Attorney; Squire Sanders &		M 0	D 2	Y 1	Amount 150.00
City Columbus	State O	H H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael P. Mahoney					Registration Number, if PAC		
Street Address 5170 Chevy Chase Ct.		Employer/Occupation/Labor Organization* Bailey Cavaliere; Attorney		M 0	D 2	Y 1	Amount 250.00
City Columbus	State O	H H	Zip Code 43220	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 \$ 1,500.00