31-E R.C. 3517.10(B)

Event Date	2-11-10
Page	9

## Statement of Contributions Received at a Social or Fundraising Event

City Columbus Part Address Employer/Occupation/Labor Organization* M D Y Amount Olymbrate Address Olymbrate Address Employer/Occupation/Labor Organization* M D Y Amount Olymbrate Address Olymbrate Address Olymbrate Address Employer/Occupation/Labor Organization* Registration Number, if PAC Cash Substitute Olymbrate Address Employer/Occupation/Labor Organization* Olymbrate Olym	Re-Elect Judge Frye Committee Full Name of Contributor David S. Cupps						
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David S. Cupps   Street Address   Employer/Occupation/Labor Organization*	David S. Cupps			**************************************			
Singet Address		l Name of Contributor			Registration Number, if PAC		
Attorney; Abercrombie	Street Address						
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Columbus						500.00	
Full Name of Contributor   K.A. Gamble	-	1 1					
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1845 Lakeshore Dr.   Gamble Hartshor LLC		Ir	-// -l Oitioit	- N I	D V Amount		
State   Zip Code   Form(Cash,Check,etc)			- · · · · · · · · · · · · · · · · · · ·		E 18	200.00	
Columbus						۷۰۰٬۰۰۰	
Full Name of Contributor				1 '			
Otto Beatty Jr.         Employer/Occupation/Labor Organization**         M         D         Y         Amount           233 S. High St.         Otto Beatty Jr. & Assoc.         0   2   1   1   0         100.00           City         State         Zip Code         Form(Cash,Check,etc)           Columbus         Cash         Registration Number, if PAC           Woody Fox         Steet Address         Employer/Occupation/Labor Organization**         M         D         Y         Amount           Z89 South 3rd St.         Woody Fox Bail Bonds         0   2   1   1   0         100.00           City         State         Zip Code         Form(Cash,Check,etc)           Coulmbus         Cash         Cash           Full Name of Contributor         Registration Number, if PAC           Kathryn Hettler         State         Zip Code         Form(Cash,Check,etc)           City         State         Zip Code         Form(Cash,Check,etc)           Sebring         O   H         44672         Cash           Full Name of Contributor         Registration Number, if PAC           David A. Goldstein         State         Zip Code         Form(Cash,Check,etc)           City         State         Zip Code         Form(Cash,Check,etc)			0 11 43204				
Street Address				, condition			
233 S. High St.		Employer/Occupatio	n/Labor Organization*	M	D Y Amount		
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Full Name of Contributor Woody Fox Street Address Employer/Occupation/Labor Organization* M D Y Amount 289 South 3rd St. Woody Fox Bail Bonds $0 \mid 2 \mid 1 \mid 1 \mid 1 \mid 0$ 100.00 (City State Zip Code Cash Form(Cash,Check,etc) Cash Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 1116 N. 12th St. Employer/Occupation/Labor Organization* M D Y Amount 0   2 \mid 1 \mid 1 \mid 0   50.00    State Zip Code Form(Cash,Check,etc) Cash State Zip Code Form(Cash,Check,etc) Cash State State State Cash State State State Cash State Sta			-	C	ash		
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Full Name of Contributor  Kathryn Hettler  Street Address  1116 N. 12th St.  City Sebring  Full Name of Contributor  David A. Goldstein  Street Address  326 S. High St., Suite 500  City Columbus  Full Name of Contributor  City State  Employer/Occupation/Labor Organization*  Attorney  State  Zip Code Form(Cash,Check,etc)  Cash  Registration Number, if PAC  Form(Cash,Check,etc)  State  Zip Code  Form(Cash,Check,etc)  Check  Full Name of Contributor  State  Street Address  Full Name of Contributor  Douglas A. Funkhouser *  Street Address  Employer/Occupation/Labor Organization*  Attorney  Street Address  Employer/Occupation/Labor Organization*  Attorney  Street Address  Full Name of Contributor  Douglas A. Funkhouser *  Street Address  Employer/Occupation/Labor Organization*  Attorney  State  Zip Code Form(Cash,Check,etc)  Check  Registration Number, if PAC  State  Zip Code Form(Cash,Check,etc)  Check  Registration Number, if PAC		T T					
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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 \$ 1.725.00

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