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Statement of Loans Received

				Pr	escribed b	y Secret	ary of St	ate3/05				
Full Name of Committee Frank Macke for Judg	a Car	nmitt	20									<u> </u>
From Whom Received	e Coi	шиц	2 .						Prior A	mount		Amt. Incurred this Period
Frank Macke							Prior Amount 22,279.53			Ann. meaned this renod		
Address										24,4	77.00	Outstanding Balance
370 E Cook Rd												22,279.53
City Columbus	State OH	Zip Cod 4321		Loans Received This Period Date Amount				Dat	•	ents This Period Amount		
Date Loan was originally	М	D	ΙΥ	М	D	Y	S		М	D	Y	S
Incurred	0 1	0 6	016								1 1	
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y	1		M	D	Y	
Self - Attorney at Law				i		1 1				1 1	1 1	
From Whom Received							Prior Amount Amt. Incurred this Period			Amt. Incurred this Period		
Address												Outstanding Balance
City	State	Zip Cod	e	Lo	ans Recei Date	ved This	Period	Amount		Da	ents This Period Amount	
Date Loan was originally	M	D	Y	М	D	Y	S		M	D	Y	\$
Incurred 5		1)					1				1	
Registration Number, if PAC				М	D	Y	1		М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
From Whom Received						Prior Amount Amt. Incurred this Period			Amt. Incurred this Period			
Address						-						Outstanding Balance
City	State	Zip Cod		1.0	ans Recei		. D		_		Danas	 nents This Period
		12.0		1,0	ans Recei Date	vea inis	renou	Amount		Da	-	Amount
Date Loan was originally	M	D	ΙΥ	М	T D	Ιy	Is	Tunouii	М	T D	ΙΥ	ls
Incurred					1 1		ľ			1 1		
Registration Number, if PAC	<u> </u>	-	.1	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	\dagger		M	D	Y	
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this p	i. If two opear, R.O	ormore em C. 3517.10 nding Bala	ployees do (B)(4) nee" space	onate via p	payroll de r total of a	duction a	nd excee	d the aggregate of	\$100, the fab	oor organiz Other Inco	zation of w me (Form	hich No. 31-A-2).

3	Total prior amount \$	22,279.53	
2	Total received this period \$		(To Form No. 31-A-2)
3	Total Payments this Period \$		_ (also record on Form 31-9
4	Total Outstanding Balance \$	22,279.53	(To Form No. 30-A)