

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Judge Frye Committee						
Full Name of Contributor Lindsay Ann Broderick				Registration Number, if PAC		
Street Address 3131 Wareham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 3	Y 0816	Amount \$200.00
Full Name of Contributor Jeffrey A. Berndt Attorney at Law				Registration Number, if PAC		
Street Address 575 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 3	Y 2416	Amount \$50.00
Full Name of Contributor Jeannie F. Watters				Registration Number, if PAC		
Street Address 6292 Faircrest Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 0	D 3	Y 1816	Amount \$200.00
Full Name of Contributor Robert F. Orth				Registration Number, if PAC		
Street Address 332 Keith Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44313	M 0	D 3	Y 3016	Amount \$200.00
Full Name of Contributor Stephen M. O'Bryan				Registration Number, if PAC		
Street Address 18962 Schlather Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Rocky River	State OH	Zip Code 44116	M 0	D 4	Y 0516	Amount \$100.00
Full Name of Contributor Jane H. Lagusch				Registration Number, if PAC		
Street Address 869 Lookout Point Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 4	Y 1216	Amount \$200.00
Full Name of Contributor Amount from 31-E pages 1 - 4 Statement of Contributions for 4/7/16 Fund-raiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount \$7,220.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

* 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 also appear. [R.C. 3517.10(B)(4)]