

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page

LoF1

Name of Committee in Full ReElect Judge Frye Committee							
To Whom Paid See Attached 31-B Spreadsheet				M	D	Y	Amount \$50,800.87
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid See Attached 31-F Report				M	D	Y	Amount \$239.68
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		