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## **Statement of Loans Received**

Prescribed by Secretary of State3/05															
Full Name of Committee Re-Elect Judge Frye Co	mn	nit	tee												
From Whom Received	JAELI.	LLLE		BOARD CONTRACTOR	100mmore	en Audenoi (en		//////////////////////////////////////	************			Prior A	mount		Amt. Incurred this Period
Richard A. Frye														0.00	538.60
Address					<del></del>					-					Outstanding Balance
1669 Roxbury Rd.															0.00
City	State		Zip Code			Loa	ns Receiv	ed This	Period	ı				Paym	ents This Period
Columbus	OI	$H_4$	4321	2			Date				Amount		Dat		Amount
Date Loan was originally Incurred	м 0	quanti	D 1   2	$\begin{vmatrix} \mathbf{Y} \\ 1 & 0 \end{vmatrix}$	м 0	1	D 1 2	1 (	\$		300.00	м 0 4	D 0 7	1 0	\$ 300.00
Registration Number, if PAC					М ()	1	D 1   2	Y 1   (			194.60	м 0 4	D 0   7	1   0	194.60
Employer/Occupation/Labor Organization*			······································		М ()	3	D 2   8	Y 1 (			44.00	M () 4	D	1 0	44.00
From Whom Received								2 2				Prior A			Amt. Incurred this Period
Address				***************************************					. U. du						Outstanding Balance
City	State	e   2	Zip Code	e		Loa	ns Recei	ved This	Period		Amount		Da	•	ents This Period Amount
Date Loan was originally Incurred	М	1	D	Y	М		D	Y	\$	**********		М	D	Y	\$
Registration Number, if PAC					М		D	Y		***********		М	D	Y	
Employer/Occupation/Labor Organization*					М		D	Y				М	D	Y	
From Whom Received												Prior A	mount		Amt. Incurred this Period
Address			3,1111 121												Outstanding Balance
City	Stat	e 2	Zip Cod	e		Loa	ns Recei	ved This	Perio		Amount		Da		ents This Period Amount
Date Loan was originally Incurred	М	1	D	Y	М		D	Y	\$			М	D	Y	\$
Registration Number, if PAC	<del></del>			olania anteriore	М		D	Y		rie marchenne i-		М	D	Y	
Employer/Occupation/Labor Organization*					М		D	Y				М	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 two pear. R "Outst	o orr R.C.	nore em 3517.10 ng Bala	ployees d (B)(4) nce" spac	lonate	via p nsfer	ayroll de	luction a	nd exc	eed the	e aggregate of \$10	0, the la	bor organi: Other Inco	zation of w	hich No. 31-A-2).

11a	nsier total of all payments made in	this period to the statement of Expenditures	(10111110. 51-15). Hansler Total Outstanding Batanee to the
1	Total prior amount \$	0.00	
2	Total received this period \$	538.60	(To Form No. 31-A-2)
3	Total Payments this Period \$	538.60	(also record on Form 31-B)
4	Total Outstanding Balance \$	0.00	(To Form No. 30-A)