

Statement of Other Income

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full Re-Elect Judge Frye Committee					
Full Name Total from 31-C Statement of Loans Received				Registration Number, if PAC	
Address	Type*		M	D	Y
	IN		1	1	1
City	State	Zip Code	7	1	5
	OH		Amount \$3,000.00		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

\$3,000

Page Total \$