

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Re-Elect Judge Frye Committee</b>							
Full Name of Contributor <b>Thomas A. Gjostein *</b>					Registration Number, if PAC		
Street Address <b>6720 Hayhurst Street</b>		Employer/Occupation/Labor Organization* <b>Attorney at Law</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>9</b>	Y <b>2 2 1 0</b>	Amount <b>\$200.00</b>	
Full Name of Contributor <b>Larry W. Thomas *</b>					Registration Number, if PAC		
Street Address <b>1058 Mt. Vernon Avenue</b>		Employer/Occupation/Labor Organization* <b>Atty; Thomas &amp; Dixon</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43203</b>	M <b>1</b>	D <b>0</b>	Y <b>0 5 1 0</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>Dianna M. Anelli *</b>					Registration Number, if PAC		
Street Address <b>4018 Clearview Avenue</b>		Employer/Occupation/Labor Organization* <b>Atty; The Anelli Law Firm</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>1</b>	D <b>0</b>	Y <b>1 1 1 0</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>5</b>	Y <b>0 5 1 0</b>	Amount <b>\$500.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>9</b>	Y <b>0 2 1 0</b>	Amount <b>\$2,550.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	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)]

Page Total **\$3,750.00**