31-C	
R.C. 3517.10	

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## Statement of Loans Received

					Pro	escribe	ed b	; y Sec	त्रहाका	ry of Sta	ue3/05								
Pull Name of Committee			-			<del>-</del> .	-										<del></del>	<del></del>	
Re-Elect Judge Frye C	omm	ittee																•	
From Whom Received												Prio	r An	ount			Amt. Incurred th	is Period	
Richard A. Frye															0.	00	1	538.60	
Address			•														Outstanding Bala		
1669 Roxbury Rd.																	1	0.00	
City	State	Zip Co		I	Loa			ed T	his I	Period						ents This Period	ts This Period		
Columbus		4321		1		Da	te				Amount	┺		^ Da	_		Amount		
Date Loan was originally Incurred	м 0 1	D 1 2	1 0	м 0	1	D 1	2	1 Y	0	5	300.00	м 0	4	D 0   7	1		s	300.00	
Registration Number, if PAC				м 0	1	D 1		1 Y	0	}	194.60	м 0	4	о 017	1	/   0		194.60	
Employer/Occupation/Labor Organization*				м 0	3	D 2		Y 1			44.00	М	4	017	-		,	44.00	
From Whom Received		<u>-</u>	•	Ų	ر	<u> </u>	J	1	U		33.00	_	Am		1 1	10	Amr. Incurred the		
Address																	Outstanding Bala	ince	
City	State	Zip Cox	le	Π	Loans Received This Period Date Amount					Payments This Date					ount				
Date Loan was originally 35 kg. Incurred	М	D	Y	М		D		Y		s	Amount	М		D	7	? 1	s		
Registration Number, if PAC		<u> </u>		М		D.		Y		┢─		М		D	╁	<del>!</del>	<u> </u>		
Employer/Occupation/Labor Organization*		-		М		D		Y				M		D	╁	<u> </u>	<del> </del>		
From Whom Received												Prior Amount				<u> </u>	Amr. Incurred this Period		
												L							
Address						•						Outstanding Bala	unice						
City	State	Zip Cod	e		Loans Received This Period Date Amount						Da		ents This Period	ownt					
Datelloaniwasionginally	М	D	Y	М		Đ		Y		s		М		D	13	,	s 1	· · ·	
Registration Number, if PAC	\	<u> </u>	1 1	М		D		Y				М		D	†¬	<u> </u>	<del>  ``</del> -		
Employer/Occupation/Labor Organization*				М		D		Y			- 11-	M		D	+,	<u>                                     </u>	<del>                                     </del>		
* Required for contributions over \$100 to suif any, rather than employer should be listed the employees are members, if any, must apply the story of	. If two o pear. R.C	rmore em	płoyees d (B)(4)	y cand	via pa	s. If o	ded	ribute	or is s	d exceed	the aggregate of \$10	d the r	name labo	of the in	ndivid zation	ual's	rhich		
Transfer total of all payments made in this p																			

1	Total prior amount \$	0.00	
2	Total received this period \$	538.60	(To Farm No. 31-A-2)
3	Total Payments this Period \$	538.60	(also record on Form 31-
4	Total Outstanding Balance \$	0.00	(To Form No. 30-A)