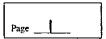
## **Statement of Loans Received**



			Prescribe	ed by Sec	retary of	State 3/05					
Full Name of Committee Frank Macke for Judge Co	mmittee										
From Whom Received Frank Macke								nount 3,529	.53		Amt, Incurred this Period
Address 370 E. Cook Rd.											Outstanding Balance \$28,353.44
City Columbus	St ate OH	Zip Code 43214	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred Registration Number, if PAC	0 1	0 6 0 6	M M	D	Y	s	M 0 1	1 D D		1 4	\$176.09
Employer/Occupation/Labor Organization Self-Attorney at Law	1*		M	D	Y		M	   D 		Y	
From Whom Received							Prior An	nount			Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code	D	Loan Pate	s Receiv	ed This Period Amount		Date	Pa	ments	This Period Amount
Date Loan was originally Incurred Registration Number, if PAC	M	D Y	M	D	Y	S	M	D		Y	S
Employer/Occupation/Labor Organization*			M	D	Y		M	D		<u> </u>	
From Whom Received				<u> </u>		<u>l</u>	Prior Ar	mount		1	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred	M	D Y	M	D	Y	\$	M	D		Y	\$
Registration Number, if PAC			М	D	ľ		M	D		Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D		Y	_
* Required for contributions from in the individual's business, if any, rat labor organization of which the em	her than er	nployer should be lis	sted. If t	wo or m	ore emp	loyees contribute via	utor is sel payroll de	f-empl duction	oyed. n and	the oc excee	ccupation and the name of d the aggregate of \$100, the
If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Trar Balance to the Cover page (Form	ister total	of all payments m	Balance' ade in t	" space this peri	. Trans lod to t	fer total of all loans he Statement of Exp	received enditure	l this   s (For	perio m No	d to tl o. 31-1	he Statement of Other B). Transfer Outstanding

Total prior amount \$\$28		
<sup>2</sup> Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$176.09	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$28,353.44	(To Form No. 30-A)