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Ohio Campaign Finance Report

FRANKLIN COUNTY
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

Full Name of Committee Re-Elect Judge Frye Committee							Registration Number, if PAC			
Full Name of Candidate Hon. Richard A. Frye										
Street Address 88 East Broad Street, Suite 1250					Office Sought Franklin Co. Common P			District		
City Columbus							State O	H	Zip Code 43215	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary			Post-Primary		Pre-General		Post-General	Annual Year	
	July Monthly			August Monthly		September Monthly		Termination	Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M 0	D 5	Y 0
							0	5	0	4
							1	0		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	26,800.00
3. Total other income (From Form No. 31-A-2)	\$	538.60
4. Total funds available (sum of lines 1, 2, 3)	\$	27,338.60
5. Total monetary expenditures (From Form No. 31-B)	\$	7,170.57
6. Balance on hand (line 4 minus line 5)	\$	20,168.03
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,250.98
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

William H. Woods

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

4-20-2010

Date

Contribution
pages 16

Expenditure
pages 2

Other
pages 2

Total
pages 20

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Re-Elect Judge Frye Committee							
Full Name of Contributor Contributions from Form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 26,800.00	
			0	2	1	1	0
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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	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	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	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	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 appear. [R.C. 3517.10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Re-Elect Judge Frye Committee								
Full Name Loan Transfer from Form No. 31-C					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
		R E						538.60
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		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, place the letters 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.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Re-Elect Judge Frye Committee												
To Whom Paid						M	D	Y	Amount			
Franklin County Board of Elections						0	2	1	2	1	0	80.00
Address			Purpose									
280 E. Broad St., Room 100			Ohio Revised Code, Section 3501.38									
City		State	Zip Code	Check Number								
Columbus		O H	43215	996								
To Whom Paid						M	D	Y	Amount			
Key Bank						0	2	1	2	1	0	34.97
Address			Purpose									
P.O. Box 22114			Bank Charge									
City		State	Zip Code	Check Number								
Albany		O H	12201									
To Whom Paid						M	D	Y	Amount			
Franklin County Democratic Party						0	2	2	4	1	0	1,200.00
Address			Purpose									
271 E. State St.			2010 Office Holder Investment									
City		State	Zip Code	Check Number								
Columbus		O H	43215	100								
To Whom Paid						M	D	Y	Amount			
Franklin County Democratic Party						0	2	2	4	1	0	750.00
Address			Purpose									
271 E. State St.			2010 Salute to Achievement									
City		State	Zip Code	Check Number								
Columbus		O H	43215	101								
To Whom Paid						M	D	Y	Amount			
United Way of Central Ohio						0	3	0	5	1	0	500.00
Address			Purpose									
360 S. Third St.			Table at George Meany Awards Dinner									
City		State	Zip Code	Check Number								
Columbus		O H	43215	102								
To Whom Paid						M	D	Y	Amount			
Triumph Communications						0	3	0	8	1	0	3,000.00
Address			Purpose									
1480 Dublin Road			Consulting Services Jan. & Feb. 2010									
City		State	Zip Code	Check Number								
Columbus		O H	43215	103								
To Whom Paid						M	D	Y	Amount			
Antoinette Wilson						0	3	0	8	1	0	617.00
Address			Purpose									
3500 Fairway Commons Drive			Printing Per Cap Sity Direct LLC Invoice 4731 & 4732									
City		State	Zip Code	Check Number								
Hilliard		O H	43026	104								
To Whom Paid						M	D	Y	Amount			
American Judges Association						0	4	0	7	1	0	150.00
Address			Purpose									
300 Newport Ave.			Member Annual Dues									
City		State	Zip Code	Check Number								
Williamsburg		V A	23185	108								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Re-Elect Judge Frye Committee												
To Whom Paid Central Ohio Labor Council, AFL-CIO						M	D	Y	Amount			
						0	4	0	7	1	0	100.00
Address 1545 Alum Creek Dr.			Purpose Hole Sponsorship 6/3/2010									
City Columbus		State O	H	Zip Code 43209		Check Number 109						
To Whom Paid 66th Annual IBEW Bowling Tournament						M	D	Y	Amount			
						0	4	1	3	1	0	200.00
Address 88 East Broad St. Suite 1250			Purpose Full Page Ad									
City Columbus		State O	H	Zip Code 43215		Check Number 110						
To Whom Paid Total loan payments made from Form No. 31-C						M	D	Y	Amount			
									538.60			
Address (Check No. 105, 106, 107)			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Re-Elect Judge Frye Committee																		
From Whom Received Richard A. Frye								Prior Amount 0.00		Amt. Incurred this Period 538.60								
Address 1669 Roxbury Rd.										Outstanding Balance 0.00								
City Columbus		State OH	Zip Code 43212		Loans Received This Period				Payments This Period									
					Date		Amount		Date		Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
		0	1	1	2	1	0	300.00	0	4	0	7	1	0	300.00			
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$						
					0	1	1	2	1	0	194.60	0	4	0	7	1	0	194.60
Employer/Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$						
					0	3	2	8	1	0	44.00	0	4	0	7	1	0	44.00
From Whom Received								Prior Amount		Amt. Incurred this Period								
Address										Outstanding Balance								
City		State	Zip Code		Loans Received This Period				Payments This Period									
					Date		Amount		Date		Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$						
Employer/Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$						
From Whom Received								Prior Amount		Amt. Incurred this Period								
Address										Outstanding Balance								
City		State	Zip Code		Loans Received This Period				Payments This Period									
					Date		Amount		Date		Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$						
Employer/Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$						

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 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)

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Re-Elect Judge Frye Committee			
Full Name of Contributor Franklin County Democratic Party		Employer, Occupation, Labor Organization *	
Street Address 271 East State St.		Description of Item or Service MLK Brunch	
City Columbus		M D Y Fair Market Value 0 1 0 9 1 0 40.00	
State Zip Code O H 43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Chester, Willcox & Saxbe LLP		Employer, Occupation, Labor Organization *	
Street Address 65 E. State St., Suite 1000		Description of Item or Service Food & Beverages	
City Columbus		M D Y Fair Market Value 0 2 1 1 1 0 1,210.98	
State Zip Code O H 43215		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Re-Elect Judge Frye Committee								
Full Name of Contributor Stephen R. Buchenroth					Registration Number, if PAC			
Street Address 2342 Collins Dr.		Employer/Occupation/Labor Organization* Attorney; Vorys			M	D	Y	Amount
					0	3	0	200.00
City Worthington		State O	H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Plumbers & Pipefitters L.U. 189					Registration Number, if PAC P.C.E. Entity #6220			
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	2	1	500.00
City Columbus		State O	H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Dr. Orville C. Lynch					Registration Number, if PAC			
Street Address 2605 Mitzi Dr.		Employer/Occupation/Labor Organization* Doctor			M	D	Y	Amount
					0	1	2	500.00
City Columbus		State O	H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Tyack, Blackmore & Liston Co., LPA					Registration Number, if PAC			
Street Address 536 South High St.		Employer/Occupation/Labor Organization* Attorneys at Law			M	D	Y	Amount
					0	4	0	250.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Cooper & Elliott, LLC					Registration Number, if PAC			
Street Address 2175 Riverside Drive		Employer/Occupation/Labor Organization* Attorneys at Law			M	D	Y	Amount
					0	1	2	1,000.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard D. Topper					Registration Number, if PAC			
Street Address 5132 Olentangy River Rd.		Employer/Occupation/Labor Organization* Attorney			M	D	Y	Amount
					0	1	2	100.00
City Columbus		State O	H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Diane M. Menashe *					Registration Number, if PAC			
Street Address 536 S. Wall St., Suite 300		Employer/Occupation/Labor Organization* Attorney			M	D	Y	Amount
					0	1	2	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,650.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Re-Elect Judge Frye Committee						
Full Name of Contributor				Registration Number, if PAC		
David S. Cupps						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
2471 Sheringham Rd.	Attorney; Abercrombie	0	1	2	0	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43220	Check			
Full Name of Contributor				Registration Number, if PAC		
K.A. Gamble						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1845 Lakeshore Dr.	Gamble Hartshor LLC	0	2	1	1	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43204	Check			
Full Name of Contributor				Registration Number, if PAC		
Otto Beatty Jr.						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
233 S. High St.	Otto Beatty Jr. & Assoc.	0	2	1	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Cash			
Full Name of Contributor				Registration Number, if PAC		
Woody Fox						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
289 South 3rd St.	Woody Fox Bail Bonds	0	2	1	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Coulmbus	O H	43215	Cash			
Full Name of Contributor				Registration Number, if PAC		
Kathryn Hettler						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1116 N. 12th St.		0	2	1	1	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Sebring	O H	44672	Cash			
Full Name of Contributor				Registration Number, if PAC		
David A. Goldstein						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
326 S. High St., Suite 500	Attorney	0	1	2	9	575.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Douglas A. Funkhouser *						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1560 Vanelm St.	Attorney	0	1	3	0	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43228	Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,725.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Re-Elect Judge Frye Committee						
Full Name of Contributor				Registration Number, if PAC		
Terry K. Sherman *						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
175 S, Merkle Rd.	Attorney	0	1	2	8	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43209	Check			
Full Name of Contributor				Registration Number, if PAC		
James A. Readey						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
3033 Loire Ln.	Att; Readey Mediation LLC	0	1	2	8	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43221	Check			
Full Name of Contributor				Registration Number, if PAC		
Terry L. Kilgore *						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
3031 Birch Hollow Way	Attorney	0	2	0	1	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43231	Check			
Full Name of Contributor				Registration Number, if PAC		
Samuel H. Shamansky Co., LPA *						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
511 South High St.	Attorney	0	2	1	0	1,000.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Daniel R. Swetnam						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
2178 Stowmont Ct.	Attorney; Schottenstein	0	2	1	1	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43016	Check			
Full Name of Contributor				Registration Number, if PAC		
Robert P. Zaino						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1045 Eastchester Dr	Attorney	0	2	0	3	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Gahanna	O H	43230	Check			
Full Name of Contributor				Registration Number, if PAC		
William D. Kloss, Jr.						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
10378 Mackenzie Way	Attorney; Vorys	0	2	0	3	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43017	Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,800.00

