

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Bendig for Judge									
Full Name Buckeye Printing & Mailing Solutions					Registration Number, if PAC				
Address 217 North Grant Ave.			Type*		M	D	Y	Amount	
					1	0	3	1	0
City Columbus			State O	H	Zip Code 43215			Form(Cash,Check,etc) check	
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)	
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.