

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|--|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full Bendig for Judge | | | | | | | |
| Full Name of Contributor John Bendig | | | | | Registration Number, if PAC | | |
| Street Address 5415 Indian Hill Rd | | Employer/Occupation/Labor Organization* Engineer | | | Form (Cash, Check, etc.) Credit Card | | |
| City Dublin | State O H | Zip Code 43215 | M 0 5 | D 2 5 | Y 0 6 | Amount 500.00 | |
| Full Name of Contributor Daniel Bendig | | | | | Registration Number, if PAC | | |
| Street Address 586 South 9th St | | Employer/Occupation/Labor Organization* Geophysicst | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43206 | M 0 4 | D 1 9 | Y 0 6 | Amount 500.00 | |
| Full Name of Contributor Daniel Bendig | | | | | Registration Number, if PAC | | |
| Street Address 586 South 9th St | | Employer/Occupation/Labor Organization* Geophysicst | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43206 | M 0 6 | D 0 5 | Y 0 6 | Amount 500.00 | |
| Full Name of Contributor Brian Mallick | | | | | Registration Number, if PAC | | |
| Street Address 15506 Ripplewind Lane | | Employer/Occupation/Labor Organization* Geophysicst | | | Form (Cash, Check, etc.) Credit Card | | |
| City Houston | State T X | Zip Code 77068 | M 0 4 | D 0 2 | Y 0 6 | Amount 200.00 | |
| Full Name of Contributor Jennifer DuFeu | | | | | Registration Number, if PAC | | |
| Street Address 5369 Taylor Lane | | Employer/Occupation/Labor Organization* Network Engineer | | | Form (Cash, Check, etc.) Credit Card | | |
| City Hilliard | State O H | Zip Code 43026 | M 0 5 | D 2 5 | Y 0 6 | Amount 50.00 | |
| 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)]

Page Total \$ 1,750.00