Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Bendig For Judge								
Full Name of Contributor				Registration Number, if PAC				
Matn,Geer,Wright								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
261 South Front					Check			
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43215	0 3	2 2	0 6		100.00	
Full Name of Contributor			Registratio	m Numbe	r, if PAC			
Roger J Wagoner								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5084 Upper Mount Row	Lawyer				Check			
City	State	Zip Code	M	D	Y	Amount		
New Albany	O H	43054	0 3	3 0	0 6		200.00	
Full Name of Contributor		-	Registratio	m Numbe	r, if PAC			
Daivd Day								
Street Address	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)		
905 St Rt 316 West P.O. Box 33	Lawyer						Check	
City	State	Zip Code	M	D	Y	Amount		
Ashville	OH	43103	0 3	3 0	6 0		100.00	
Full Name of Contributor			Registratio	m Numbe	r, if PAC			
John Alton			·					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1382 Windrush Circle	Lawyer			Check				
City	State	Zip Code	M	D	Y	Amount		
Blacklick	O H	43204	0 3	3 0	0 6		100.00	
Full Name of Contributor			Registratio	m Numbe	r, if PAC			
Richard D. Tooper								
Street Address	Employer/Occupa		Form (Cash, Check, etc.)					
1500 West Third	Lawyer				Check			
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H		0 3		0 6		150.00	
Full Name of Contributor			Registratio	m Numbe	r, if PAC			
Roger & Barbara Pecock								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7286 Snowberry Ln	Realtors				Check			
City	State	Zip Code	M	D	Y	Amount	400.00	
Canal Winchester	O H	432110		3 0			100.00	
Full Name of Contributor			Registratio	m Numbe	r, if PAC			
Marylee Bendig								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
557 Main St				Check	·			
City	State	Zip Code	M	D	Y	Amount		
Groveport	O H	43125	0 4	1 2	0 6		10,000.00	
Full Name of Contributor			Registratio	on Numbe	r, if PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
P1001 22401 000		amigrafian and approximation of gamma.						
City	State	Zip Code	М	D	Ÿ	Amount		
1 ,						1		

Page Total \$	10,750.00

^{*} 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)]