Statement of Loans Received

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			Prescrib	ed by Sec	retary of	State 3/05							
Full Name of Committee Committee to Re-Elect Jud	ge Bend	ler	,		•						·		
From Whom Received John F. Bender							I	Prior Amount \$100.00			Amt. Incurred this Period \$0.00		
^{Address} 6025 Kenzie Lane								1			Outstanding \$100.0		
City Dublin	St ate OH	Zip Code 43017	Loans Received This Period Date Amount				nt		Date	Payments	This Period Amount		
Date Loan was originally Incurred Registration Number, if PAC	0 1	3 0 1 0	M	D	Y	S		M M	D	Y	S		
Employer/Occupation/Labor Organization	*		М	D	Y			M	D	Y			
From Whom Received	······································			1		<u> </u>	Ī	Prior Am	ount	<u> </u>	Amt. Incurre	d this Period	
Address				• • • • • • • • • • • • • • • • • • • •							Outstanding	Balance	
City	St ate OH	Zip Code		Loan Date	s Receiv	ed This Period Amour	nt		Date	Payments	This Period A	mount	
Date Loan was	M	D Y	M	D	Y	\$		M	D	Y	S		
Registration Number, if PAC	, , , , , , , , , , , , , , , , , , ,		М	Đ	Y			M	D	Y			
Employer/Occupation/Labor Organization	*		М	D	Y			M	D	Y			
From Whom Received	· · · · <u>-</u>							Prior Am	ount		Amt. Incurre	d this Period	
Address										- 6	Outstanding	Balance	
City	St ate OH	Zip Code		Loan Date	s Receiv	ed This Period Amou	nt	_6.7.	Date	Payments	This Period	mount	
Date Loan was originally Incurred Registration Number, if PAC	М	D Y	M	D	Y	\$		M	D	Y	S		
Employer/Occupation/Labor Organization*			М	D	Y			M	D	Y			
* Required for contributions from inc the individual's business, if any, ratl labor organization of which the emp	ner than en	nployer should be lis	sted. If 1	wo or m	ore emp	loyees contribute	ontributo e via pay	r is self- roll ded	employ uction a	ed, the oc nd exceed	cupation and the aggrega	the name of te of \$100, the	
If a loan is forgiven, write "Forgi Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total	of all payments m	lalance ade in	" space this peri	Trans	fer total of all I he Statement of	loans re f Expen	ceived ditures	this per (Form	riod to th No. 31-E	e Statemen 3). Transfer	t of Other Outstanding	
. 640	0.00												

¹ Total prior amount \$ \$10	0.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$100.00	(To Form No. 30-A)