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R.	C.	35	17.	10

Page 1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

			···				
Name of Committee in Full							
Bendig for Judge							
Full Name of Contributor	Registra	tion Nun	ber, if PA	AC			
Charles H. Bendig			L				
Street Address	Employer/Occupation/Labor Organization		n*			Form (Cash, Check, etc.)	
7392 Richardson Rd.	I	Attorney				Į.	
City	State	М	D	Y	Amount		
Groveport	ОН	Zip Code 43215	0			23,376.11	
Full Name of Contributor	1.5 1.			tion Num	nber, if P		
and the state of continues							
Street Address	Employer/Occu	n*			Form (Cash, Check, etc.)		
On total Additions							
City	State	Zip Code	M	D	Y	Amount	
City			1	1 +		I	
Full Name of Contributor			Registra	tion Num	nber, if P	AC	
Tan Ivanic of Contitutor					,	:	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	projekt cool	_				1	
City	State	Zip Code	M	D	Y	Amount	
C.1.,	Julio					1	
Full Name of Contributor			Registra	tion Nun	nber, if Pa	AC	
Full Name of Contitutor							
Street Address	Employer/Occi	upation/Labor Organization	on*			Form (Cash, Check, etc.)	
On Our Artimoso	Z.i.piojoi/occ	Employer Occupation Dator Organization				I	
City	State	Zip Code	M	D	Y	Amount	
City	Jiaco	*		İ	+	I	
Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
a di Panio di Condiduioi					, ='		
Street Address	Employer/Occupation/Labor Organization*		on*			Form (Cash, Check, etc.)	
	.	<u> </u>					
City	State	Zip Code	M	D	Y	Amount	
City						1	
Full Name of Contributor	<u> </u>		Registra	ation Nur	nber, if P.	AC	
i dii italii, of Contituatoi					- '		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	7.5,0000						
City	State	Zip Code	М	D	Y	Amount	
~~,		1					
Full Name of Contributor				Registration Number, if PAC			
an rune or composite							
Street Address	Employer/Occ	on*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
O.G		1		1	į		
Full Name of Contributor			Registr	ation Nur	mber, if P	AC	
an runn or contributor							
Street Address	Employer/Occ	cupation/Labor Organization	on*			Form (Cash, Check, etc.)	
Direct rantess	2	Employer/Occupation/Labor Organization					
City	State	Zip Code	М	D	Y	Amount	
City		1					
		andidatas If contributor	:161d	1 the east	unation or	d the name of the	

* 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 \$ 23,376.11