

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Bendig for Judge							
Full Name of Contributor Ann Bendig					Registration Number, if PAC		
Street Address 3704 Trenton Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) visa		
City San Diego	State C A	Zip Code 92117	M 1 0	D 1 5	Y 0 6	Amount 250.00	
Full Name of Contributor Daniel Bendig					Registration Number, if PAC		
Street Address 586 Soouth 9th Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) visa		
City Columbus	State O H	Zip Code 43206	M 1 0	D 1 5	Y 0 6	Amount 500.00	
Full Name of Contributor Charles Bendig					Registration Number, if PAC		
Street Address 4937 W.Broad St.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) visa		
City Columbus	State O H	Zip Code 43228	M 1 0	D 1 5	Y 0 6	Amount 10.00	
Full Name of Contributor Mary Bendig					Registration Number, if PAC		
Street Address 12 Quai Du Seujet		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) visa		
City Geneva, Switzerland	State	Zip Code 1204	M 0 9	D 0 1	Y 0 6	Amount 500.00	
Full Name of Contributor Betty Snyder					Registration Number, if PAC		
Street Address 8637 Ridenour		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 0 6	Y 0 6	Amount 25.00	
Full Name of Contributor Cheryl Williams					Registration Number, if PAC		
Street Address 658 Bugle Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 0 6	Y 0 6	Amount 25.00	
Full Name of Contributor IBEW- COPE					Registration Number, if PAC		
Street Address 900 7th St. NW		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) check		
City Washingon	State D C	Zip Code 20001	M 0 6	D 0 6	Y 0 6	Amount 200.00	
Full Name of Contributor Sharon Whitten					Registration Number, if PAC 5298 Salomon		
Street Address 5298 Salomon		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Groveport	State O H	Zip Code 43125	M 0 7	D 2 8	Y 0 6	Amount 10.00	

* 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)]

Page Total \$ 1,520.00