2 Total received this period \$

3 Total Payments this Period \$

4 Total Outstanding Balance \$

Page	3

Statement of Loans Received

Prescribed by Secretary of State3/05															
Full Name of Committee Committee to Re-Elec	t Juds	де В е	nder	anni anni anni anni anni anni anni anni			ing process and a								
From Whom Received											nount		Amt. Incurred this Period		
John F. Bender												0.00	100.00		
Address 7156 Asheville Park Drive													Outstanding Balance 100.00		
City	State	Zip Cod									Payments This Period				
Columbus		4323			Date Amount						Amount				
Date Loan was originally Incurred	М	D	Y	$\begin{bmatrix} M \\ 0 \end{bmatrix} 1$	$\begin{vmatrix} D \\ 3 \end{vmatrix} 0$	$\begin{vmatrix} \mathbf{Y} \\ 1 \end{vmatrix}$	0 s	1	00.00	М	D	Y	\$		
Registration Number, if PAC				М	D	Y				М	D	Y			
Employer/Occupation/Labor Organization*				М	D	Y				М	D	Y			
From Whom Received								Prior An	nount	-lanendaran	Amt. Incurred this Period				
Address													Outstanding Balance		
City	State	Zip Cod	е	Loans Received This Period Date Amount							Dat	ents This Period Amount			
Date Loan was originally	М	D	Y	М	D	Y	\$			М	D	Y	\$		
Incurred															
Registration Number, if PAC					D	Y				M	D	Y			
Employer/Occupation/Labor Organization*					D	Y				М	D	Y			
From Whom Received										Prior An	nount		Amt. Incurred this Period		
Address												Outstanding Balance			
City	State	Zip Cod	e	Loans Received This Period Date Amount						Payments This Period Date Amount					
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$			М	D	Y	\$		
Registration Number, if PAC	,			М	D	Y				M	D	Y			
Employer/Occupation/Labor Organization*				М	D	Y				М	D	Y			
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this p	. If two or pear, R.C "Outstand	rmore em . 3517.10 ding Bala	ployees d (B)(4) nce" spac ent of Ex	onate via p	payroll de	duction	and exc	eed the aggregat	te of \$100 the Stater	o, the labo	or organiz	ation of w	No. 31-A-2).		
1 Total prior amount \$			0.00												

100.00 (To Form No. 31-A-2)

100.00 (To Form No. 30-A)

0.00 (also record on Form 31-B)