

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Bendig for Judge					
Full Name of Contributor David and Tammy Elliott				Registration Number, if PAC	
Street Address 10680 Miller Avenue	Employer/Occupation/Labor Organization* Realtor		M 0	D 4	Y 1
City Canal Winchester	State O	Zip Code H 43110	Amount 35.00	Form(Cash, Check, etc) check	
Full Name of Contributor Scott and Jennifer Dufeu				Registration Number, if PAC	
Street Address 5369 Taylor Lane Avenue	Employer/Occupation/Labor Organization* Computer Engineers		M 0	D 4	Y 1
City Hilliard	State O	Zip Code H 43026	Amount 50.00	Form(Cash, Check, etc) check	
Full Name of Contributor Charles Muller				Registration Number, if PAC	
Street Address 7893 Pontus Road	Employer/Occupation/Labor Organization* Retired Pastor		M 0	D 4	Y 1
City Groveport	State O	Zip Code H 43125	Amount 40.00	Form(Cash, Check, etc) check	
Full Name of Contributor Roger and Wanda Slone				Registration Number, if PAC	
Street Address 2656 Maywood	Employer/Occupation/Labor Organization* Realtor		M 0	D 4	Y 1
City Columbus	State O	Zip Code H 43232	Amount 50.00	Form(Cash, Check, etc) check	
Full Name of Contributor Mary Jane Metcalf				Registration Number, if PAC	
Street Address 7189 Charleton Court	Employer/Occupation/Labor Organization* Realtor		M 0	D 4	Y 1
City Canal Winchester	State O	Zip Code H 43110	Amount 50.00	Form(Cash, Check, etc) check	
Full Name of Contributor Marvin and Beatrice Grossman				Registration Number, if PAC	
Street Address 1417 Severn Road	Employer/Occupation/Labor Organization* Realtor		M 0	D 4	Y 1
City Columbus	State O	Zip Code H 43232	Amount 25.00	Form(Cash, Check, etc) check	
Full Name of Contributor Carl and Phyllis Heister				Registration Number, if PAC	
Street Address 1084 Amanda Northern Road	Employer/Occupation/Labor Organization* Her Real Living Manager		M 0	D 4	Y 1
City Canal Winchester	State O	Zip Code H 43110	Amount 50.00	Form(Cash, Check, etc) check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

300.00

Total expenditures this event

Page Total \$ 300.00