

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Bendig for Judge												
Full Name of Contributor Joseph L Colburn						Registration Number, if PAC						
Street Address 1765 Ivyhill Loop North			Employer/Occupation/Labor Organization* Lawyer				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 3215		M 0 3		D 3 0		Y 0 6		Amount 100.00
Full Name of Contributor Lee Durban						Registration Number, if PAC						
Street Address 1335 Dublin Rd			Employer/Occupation/Labor Organization* Lawyer				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 3 0		Y 0 6		Amount 100.00
Full Name of Contributor Frederick Moses						Registration Number, if PAC						
Street Address 19538 Carroll Rd			Employer/Occupation/Labor Organization* Lawyer				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43149		M 0 4		D 0 6		Y 0 6		Amount 300.00
Full Name of Contributor Marchese & Monst						Registration Number, if PAC						
Street Address 1017 Dublin Rd			Employer/Occupation/Labor Organization* Lawyer				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 3 0		Y 0 6		Amount 100.00
Full Name of Contributor Charles Bendig Sr.						Registration Number, if PAC						
Street Address 47 Fishermans Cove			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check					
City Ponte Vedra		State F L		Zip Code 32082		M 0 4		D 1 6		Y 0 6		Amount 200.00
Full Name of Contributor James Wilcox						Registration Number, if PAC						
Street Address 4218 Hoover Rd			Employer/Occupation/Labor Organization* Lawyer				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 4		D 0 3		Y 0 6		Amount 100.00
Full Name of Contributor Christin Corl						Registration Number, if PAC						
Street Address 5971 Olentangy River			Employer/Occupation/Labor Organization* Lawyer				Form (Cash, Check, etc.) Check					
City Worthigton		State O H		Zip Code 43085		M 0 3		D 2 1		Y 0 6		Amount 100.00
Full Name of Contributor Frank Foster						Registration Number, if PAC						
Street Address 301 Mrquette R.R 1			Employer/Occupation/Labor Organization* Lawyer				Form (Cash, Check, etc.) Check					
City Lancaster		State O H		Zip Code 43130		M 0 3		D 3 0		Y 0 6		Amount 300.00

* 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 \$ **1,300.00**