3	1-	A		
R	C.	35	17.	10

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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Bendig for Judge								
Full Name of Contributor				Registre	tion Nun	her if P	A.C.	
Joseph L Colburn				Rogistie	ition Ivan	1001, 11 1 2		
Street Address	Employe	r/Occum	ation/Labor Organization*	<u> </u>	-		Form (Cash, Che	eck etc.)
	_ `		ation/Labor Organization	Form (Cash, Check, etc.)			ock, c.c.,	
1765 Ivyhill Loop North	State Zip Code			Check M D Y Amount				
		H	Zip Code		$\begin{vmatrix} 3 \\ 0 \end{vmatrix}$	1		100.00
Columbus O H 3215			3213		tion Nun			100.00
Lee Durban				Registra	ition Ivuii	1001, 11 1 2	nc .	
	Emmlaya	-/Oaaum	ation/Labor Organization*				Form (Cosh Che	aals ata )
	t Address Employer/Occupation/Labor Organization		ation/Labor Organization			Form (Cash, Check, etc.)		
1335 Dublin Rd	Law		In. 0. 1.			Check		
City	Sta		Zip Code	M	D	Y	Amount	100.00
Columbus	0	Н	43215		3 0			100.00
Full Name of Contributor				Registra	tion Nun	iber, if PA	AC	
Frederick Moses			<del> </del>				I	
Street Address	1		ation/Labor Organization*				Form (Cash, Che	eck, etc.)
19538 Carroll Rd	Law						Check	
City	Sta		Zip Code	M	D	Y	Amount	
Columbus	0	Н	43149	0 4	0 6	0 6		300.00
Full Name of Contributor				Registra	tion Nun	ber, if P	AC	
Marchese & Monst								
Street Address	Employer	r/Occup	ation/Labor Organization*			_	Form (Cash, Ch	eck, etc.)
1017 Dublin Rd	Law	yer					Check	
City	Sta		Zip Code	M	D	Y	Amount	
Columbus	0	Н	43215	0 3	3 0	0 6		100.00
Full Name of Contributor			·	Registra	tion Nun	iber, if PA	AĊ.	4.
Charles Bendig Sr.				İ				
Street Address	Employer	r/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
47 Fishermans Cove	Reti	red				Check		
City	Sta		Zip Code	М	D	Ÿ	Amount	
Ponte Vedra	F	L	32082	0 4	1 6	0 6		200.00
Full Name of Contributor			<del>-</del>		tion Nun		AC	
James Wilcox								
Street Address Employer/Occupation/Labor Organization		ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
4218 Hoover Rd	Law	ver					Check	
City	Sta		Zip Code	M	D	Y	Amount	
Grove City	0	Н	43123	0 4	0 3	0 6		100.00
Full Name of Contributor					tion Nun			
Christin Corl								
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
5971 Olentangy River	Lawyer					Check		
City City	Sta	_	Zip Code	М	D	Y	Amount	
Worthigton	0	Н	43085		2 1			100.00
Full Name of Contributor			10000		tion Num			100.00
Frank Foster								
Street Address	Employe	/Occurs	ation/Labor Organization*	<u> </u>	***		Form (Cash, Che	eck, etc.)
301 Mrquette R.R 1 Lawyer		Duoor Organization				Check	,1)	
City	Sta		Zip Code	Тм	D	Y	Amount	
		Н	43130		$\begin{vmatrix} \mathbf{z} \\ 3 \end{vmatrix} 0$			300.00
Lancaster	0_	1.1	1 <del>2</del> 0100	<u> 1013</u>	$\cup \cup \cup \cup$	ט ען		200.00

Page Total \$	1,300.00

<sup>\*</sup> 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)]