

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Bendig for Judge							
Full Name of Contributor Barbara Serve					Registration Number, if PAC		
Street Address 2624 Old National Road		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Pataskala	State O H	Zip Code 43062	M 0	D 8	Y 1	Amount 10.00	
Full Name of Contributor Harry Reinhart					Registration Number, if PAC		
Street Address 400 S.Fifth St.		Employer/Occupation/Labor Organization* Suite 202			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 1	Amount 100.00	
Full Name of Contributor Richard Pfeiffer					Registration Number, if PAC		
Street Address 238 Royal Forest Blvd.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 0	D 8	Y 1	Amount 50.00	
Full Name of Contributor Lawrence Abramson					Registration Number, if PAC		
Street Address 2511 Bryden Road		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Beley	State O H	Zip Code 43209	M 0	D 8	Y 1	Amount 50.00	
Full Name of Contributor Janet Kravitz					Registration Number, if PAC		
Street Address 145 E. Rich Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 1	Amount 25.00	
Full Name of Contributor Mark Kirkrick & Lewis					Registration Number, if PAC		
Street Address 515 E. Main Street Suite 515		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 1	Amount 250.00	
Full Name of Contributor Laborers Int'l Union of North America Local 423 PAC Fund 912					Registration Number, if PAC		
Street Address 620 Alum Creek Dr		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43205	M 0	D 8	Y 2	Amount 500.00	
Full Name of Contributor Donald Harris					Registration Number, if PAC		
Street Address 3535 Sellers Drive		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Millersport	State O H	Zip Code 43046	M 0	D 8	Y 2	Amount 25.00	

* 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 \$ 1,010.00