

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Bendig for Judge							
Full Name of Contributor Edwin Malek					Registration Number, if PAC		
Street Address 1227 South Hight Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43206	M 0	D 9	Y 0	Amount 125.00
Full Name of Contributor Fred Cloppert					Registration Number, if PAC		
Street Address 225 E. Broad Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 8	Y 3	Amount 100.00
Full Name of Contributor Chip Kohler					Registration Number, if PAC		
Street Address 100 East Campus View Blvd.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43235	M 0	D 9	Y 0	Amount 100.00
Full Name of Contributor James Clymer					Registration Number, if PAC		
Street Address 5703 Haddington Dr.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Dublin	State O	H H	Zip Code 43017	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Robert Palmer					Registration Number, if PAC		
Street Address 185 Rustic Pl.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43214	M 0	D 9	Y 1	Amount 250.00
Full Name of Contributor Tunney Lee King					Registration Number, if PAC		
Street Address 380 S. Fifth Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Thomas Trimble					Registration Number, if PAC		
Street Address 500 S. Front Street Suite 200		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 8	Y 3	Amount 75.00
Full Name of Contributor John Keller					Registration Number, if PAC		
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 8	Y 1	Amount 250.00

* 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 \$ 1,100.00