| 3 | 1- | Α | |
|---|----|---------|--|
| R | C. | 3517.10 | |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | , | |
|--|---|-----------------------------|--|-------------|---------------|--------------------------|--------------|--|
| 1 | | | | | | | | |
| Bendig for Judge Full Name of Contributor | Registre | Registration Number, if PAC | | | | | | |
| Edwin Malek | | | Registre | atton run | 11001, 11 1 2 | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | - | | Form (Cash, Ch | eck. etc.) | |
| | | | | | | check | | |
| 1227 South Hight Street | Attorney State Zip Code | | | D | ΤΥ | Amount | | |
| Columbus | OH | 1 - | $\begin{bmatrix} M \\ 0 \end{bmatrix} 9$ | $0 \mid 1$ | | | 125.00 | |
| Full Name of Contributor | 0 11 | 43200 | | tion Nun | nber, if Pa | | 120.00 | |
| | | | registr | ation i van | 11001, 11 1 1 | | | |
| Fred Cloppert Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| 225 E. Broad Street | | | | | | check | | |
| City | Attorney State Zip Code | | | T D | Y | Amount | | |
| Columbus | OH | _ | 0 8 | 3 1 | 0 6 | 111104111 | 100.00 | |
| Full Name of Contributor | 0 11 | 40210 | | | | AC | 100.00 | |
| Full Name of Contributor Registration Number, if PAC Chip Kohler | | | | | | | | |
| Street Address | Employer/Occi | pation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 100 East Campus View Blvd. | 1 ' ' ' | | | | | check | | |
| City | Attorney State Zip Code | | | l D | Y | Amount | | |
| Columbus | OH | _ | M | 0 6 | | | 100.00 | |
| Full Name of Contributor | 0 11 | 10200 | | | nber, if P | AC | 100.00 | |
| | | Trogista. | | , | | | | |
| James Clymer Street Address Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Ch | eck. etc.) | |
| 5703 Haddington Dr. | | | | | | check | , | |
| City | Attorney State Zip Code | | | D | Y | Amount | | |
| Dublin | OH | _ | M n l q | 2 9 | 0 6 | | 100.00 | |
| Full Name of Contributor | | 10017 | | | | | 200.00 | |
| Full Name of Contributor Registration Number, if PAC Robert Palmer | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| 185 Rustic Pl. | Attorney | | | | | check | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Columbus | O H | 1 * | 019 | $ _{1 3}$ | 0 6 | i | 250.00 | |
| Full Name of Contributor | | 10211 | | | nber, if P | | | |
| Tunney Lee King | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| 380 S. Fifth Street | Attorney | | | | | check | | |
| City | State | Zip Code | M | D | Y | Amount | | |
| Columbus | OH | 43215 | 0/9 | 2 1 | 0 6 | | 100.00 | |
| Full Name of Contributor | | | Registra | tion Nun | nber, if P | AC | | |
| Thomas Trimble | | | | | | | | |
| Street Address Employer/Occupation/Labor Organization | | | | | | Form (Cash, Ch | eck, etc.) | |
| 500 S. Front Street Suite 200 | Attorney | | | | | check | | |
| City | State | Zip Code | M | D | Y | Amount | <u> </u> | |
| Columbus | O H | 43215 | 0 8 | 3 0 | 0 6 | | 75.00 | |
| Full Name of Contributor | • | | | nber, if PA | | | | |
| John Keller | | | | | | | | |
| Street Address Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | | |
| 52 E. Gay Street | | | | | | check | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Columbus | O H | 43215 | 0 8 | 1 6 | 0 6 | | 250.00 | |

Page Total \$ 1,100.00

^{*} 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)]