

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Bendig for Judge						Registration Number, if PAC					
Full Name of Candidate Charles Bendig											
Street Address 577 Main St						Office Sought Judge			District		
City Groveport						State O H		Zip Code 43125			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	X	July Monthly		August Monthly		September Monthly		Termination		Semianual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M	D	Y
									1	1	0

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 22,350.00
2. Total monetary contributions (From Form No. 31-A)	\$ 1,750.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 24,100.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 7,221.74
6. Balance on hand (line 4 minus line 5)	\$ 16,878.26
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities Only	\$
Sum of lines 2, 7, and amount of any new loans received this period	\$

BOARD OF ELECTIONS
 06 JUN -9 PM 3:38
 FILED

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Jackiethia L. Saunders-Morris Deputy
Jackiethia L. Saunders-Morris
6-9-06

Contribution pages <u> 1 </u>	Expenditure pages <u> 1 </u>	Other pages <u> </u>	Total pages <u> 2 </u>
------------------------------------	-----------------------------------	------------------------------	-----------------------------

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Bendig for Judge							
Full Name of Contributor John Bendig					Registration Number, if PAC		
Street Address 5415 Indian Hill Rd		Employer/Occupation/Labor Organization* Engineer			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43215	M 0 5	D 2 5	Y 0 6	Amount 500.00	
Full Name of Contributor Daniel Bendig					Registration Number, if PAC		
Street Address 586 South 9th St		Employer/Occupation/Labor Organization* Geophysicst			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 0 4	D 1 9	Y 0 6	Amount 500.00	
Full Name of Contributor Daniel Bendig					Registration Number, if PAC		
Street Address 586 South 9th St		Employer/Occupation/Labor Organization* Geophysicst			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 0 6	D 0 5	Y 0 6	Amount 500.00	
Full Name of Contributor Brian Mallick					Registration Number, if PAC		
Street Address 15506 Ripplewind Lane		Employer/Occupation/Labor Organization* Geophysicst			Form (Cash, Check, etc.) Credit Card		
City Houston	State T X	Zip Code 77068	M 0 4	D 0 2	Y 0 6	Amount 200.00	
Full Name of Contributor Jennifer DuFeu					Registration Number, if PAC		
Street Address 5369 Taylor Lane		Employer/Occupation/Labor Organization* Network Engineer			Form (Cash, Check, etc.) Credit Card		
City Hilliard	State O H	Zip Code 43026	M 0 5	D 2 5	Y 0 6	Amount 50.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Bendig for Judge												
To Whom Paid Charles Bendig						M	D	Y	Amount			
						0	5	0	8	0	6	7,221.74
Address 557 Main St				Purpose Repaymet Campaign Expenditures								
City Groveport				State O	H	Zip Code 43125		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				