

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
10 APR 22 PM 1:26

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Committee to Re-elect Judge Bender</b>		Registration Number, if PAC	
Full Name of Candidate <b>John F. Bender</b>			
Street Address <b>161 Alton Road</b>		Office Sought <b>Court of Common Pleas</b>	District <b>Franklin Co</b>
City <b>Galloway</b>		State <b>O H</b>	Zip Code <b>43119</b>
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> <b>2010</b> Pre-Primary	Post-Primary	Annual Year
	July Monthly	August Monthly	September Monthly
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 <b>0 5</b>	D <b>0 4</b>
		Y <b>1</b>	<b>0</b>

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.

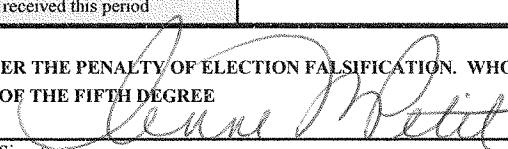
1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 0.00
3. Total other income (From Form No. 31-A-2)	\$ 100.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 100.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 100.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 100.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$ 0.00

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

**Anne M Petit, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



**4/22/2010**  
Date

Contribution pages 1

Expenditure pages 0

Other pages 2

Total pages 3

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Re-Elect Judge Bender</b>							
Full Name <b>Transfer from Form 31-C</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		L	N				100.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Re-Elect Judge Bender</b>													
From Whom Received <b>John F. Bender</b>										Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>100.00</b>	
Address <b>7156 Asheville Park Drive</b>												Outstanding Balance <b>100.00</b>	
City <b>Columbus</b>			State <b>OH</b>	Zip Code <b>43235</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$	M	D	Y	\$
						0	1	3	0	1	0		100.00
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City			State	Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City			State	Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 100.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 100.00 (To Form No. 30-A)