Page_	5

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Bendig for Judge Full Name of Contributor				Registration Number, if PAC			
1			Registi	ation ivu	11001, 11 1 2	AC .	
Robert McCallum	Employar/Oac	on*			Form (Cash, Check, etc.)		
Street Address		Employer/Occupation/Labor Organization*					
645 Neil Ave.		Retired State Zip Code			1 37	check	
City	State		M	D	Y	Amount FOO OO	
Coluimbus	O H	43215	0 7			500.00	
Full Name of Contributor			Registr	ation Nur	nber, if Pa	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*					
	St-4-	Zip Code	Гм	T D	ΙΥ	Amount	
City	State	Zip Code	l M		1	Amount	
Full Name of Contributor	ame of Contributor Registration						
Gi	Employer/Occ	unation/Labor Organization	on*	Form (Cash, Check, etc.)			
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Tomi (Casii, Check, cic.)	
City	State	Zip Code	М	D	Y	Amount	
City		Dip code	"	1 1			
Full Name of Contributor			Registr	ation Nur	nber, if P	AC	
Full Name of Contributor			1.05.0		,		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Nur	nber, if P	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
		'					
Full Name of Contributor			Registr	ation Nur	nber, if P	AC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	AC						
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor		<u>.</u>	Registr	ation Nur	nber, if P	AC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*					
City	State	Zip Code	M	D	Y	Amount	
					<u> </u>		

* 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 \$ 500.00