Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 20	21C0333				Report		CAI	NDI	COMMITTEE LOBBYIST						ST		
Name of Filing C	Committee, Cand	idate or L	.obbyist	::](OHN T.	BEN	DER										
Street Address:																		
City:								State	:				Zip Cod	e: 15	5215			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FF PRIMA		PRE-	2.	30 DA		Р	OST-	3.		AMENDMENT Yes REPORT?					\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FF		PRE-	5. X	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes		No	\
report type)	ANNUAL REPOR	?T 7.	Year 2	2021					IETHOD PAPER CK ONE					DI	SKETT	E		
Name of Office S	Sought by Candi	date:	•			•		DAT	ΕO	F ELE	СТІ	ON	District Number	Office Code	Pa	rty C	ode Co	unty ode
								МО		DAY	•	YEAR	-1	SPR				
JUDGE OF THE	SUPERIOR COL	JRT							11		2	2021		(SEE IN	STRUCT	ONS	FOR COD	ES)
Summary of	Receipts and	МО	DAY	′	YEAR			МО		DAY	,	YEAR	FO	ROFFIC	CE USI	ON	LY	
Expenditures	from:		9	14	202	21 T	0		10		18	2021						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (I	From	Sched	ule I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B))			\$					0.00						
D. Total Expend	ditures (From S	chedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	act Line D	From L	ine C)		\$					0.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fro	m Sc	hedule	e II)	\$					0.00						
G. Unpaid Debt	ts And Obligation	ns (From	Schedul	le IV))		\$					0.00						
					AFFI	DAVI	T SE	CTIC	N									
PART I - If this is	s a Committee r	eport, trea	surer s	sign h	ere. If	this is	a Car	ndidat	e re	port, o	cano	didate si	gn here.					
I swear (or affirm) correct and comple		ncluding th	e attache	ed sch	edules f	filed on	paper	or by e	electr	onic m	ediu	m, are to	the best of	my kno	wledge	and	belief ,	true
Sworn to and subs	cribed before me t	his	20									Signatur	e of Person	Submit	ting Re	port		_
	— — Signa						- -						Print	ed Name	.			
My Commission Ex	_								•				Email					_
	мо	D	AY		YR				,	Ar	ea C	ode	Daytime	Teleph	one Nu	ımbe	r	
Part II- If this is	a report of a ca	ındidate's	author	ized (Commi	ttee, C	andid	ate sh	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and	d belie	f this p	olitical	comm	ittee h	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937	(P.L. 1	333,
Sworn to and subsc	ribed before me th	is										S	Signature of	Candid	ate			— <u> </u>
	day of		20 				_						Duint	l Name				[
	Signatur						-						Printed	l Name				
My Commission Exp	_	-							•				Email					
	мо	D	AY		YR		•			Area	Cod	e	Da	ytime T	elepho	ne N	umber	$-\mid$

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JOHN T. BENDER	From:	9/14/202	<u>1</u> To:	10/18/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	•	•			•		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Fining Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	ame of Filing Committee or Candidate Rep			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	ne of Filing Committee or Candidate					Reporting Period						
			From: To:				То:					
				D	ATE		АМ	OUNT				
Full Name of Contributor				МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus	5 4)									
Employer Name				Occupat	tion							
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)				
Enter Grand Total of Part C on Sche	dule I, Detailed S	Summary Page,	Section	on 3.			PA:	GE TOTAL 0.00				

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
JOHN T. BENDER	From:	<u>9/14/2021</u> To:	<u>10/18/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Enter Grand Total of Expenditure	es on Page 1, K	eport Cover Page, Item D	, .			\$	0.00