

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Jay Perez for Judge Committee								
ull Name of Contributor				Registration Number, if PAC				
Michael Guirlinger								
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Che	eck, etc.)	
10295 Braemar Dr							paypal	
City	St	ate	Zip Code	М	D	Y	Amount	100.00
Powell	. 0	H	43065	0 6			<u> </u>	100.00
Full Name of Contributor Registration Number, if PAC								
Mitch Shifrin								
Street Address	Employer/Occupation/Labor Organization							eck, etc.)
					check			
City	Sı	ate	Zip Code	М	D	Y	Amount	400.00
		<u> </u>		0 6			<u>L</u>	100.00
Full Name of Contributor				Registra	ition Nun	ber, if PA	ıC	
John Kenney								
Street Address	Employer/Occupation/Labor Organization							eck, etc.)
113 Lauriston Place							check	
City	Sı	ate	Zip Code	М	D	Y	Amount	100.00
Pickerington	0	Н	43147	0 6			<u> </u>	100.00
Full Name of Contributor				Registra	ition Nun	ber, if PA	AC .	
Richard Ryan							- 10 1 6	
Street Address	Employer/Occupation/Labor Organization				1			eck, etc.)
1452 Ironwood Dr.							check	
City	١ ـ	ate	Zip Code	M	D	Y	Amount	40.00
Columbus	10	H	43229	0 6		0 6		40.00
Full Name of Contributor				Registra	ition Num	iber, if PA	iC .	_
Sheryl Williams							Form (Cash, Che	antanta)
Street Address	Employer/Occupation/Labor Organization							eck, elc.)
658 Bugle Ct				T 1/	T 5	T 37	check	
City		ate	Zip Code	M	D	Y	Amount	25.00
Gahanna	0	H	43230	0 7		0 6 ober, if PA	<u> </u>	25.00
Full Name of Contributor				Registra	mon nun	ibei, ii ra		
Christopher Blinn							Form (Cash, Ch	eck etc.)
Street Address	Employer/Occupation/Labor Organization						check	con, cic.)
3823 Aries Brook Dr.			7 0 1	M	T D	Y	Amount	
City		ate ⊢ ⊔	Zip Code		1			30.00
Columbus	0	H	43207	D) /	tion Num	0 6 aber, if PA	<u> </u>	50.00
Full Name of Contributor				Registiz	mon nun	ioer, ir i z		
Charles Gehring			7 7 1 0	<u> </u>			Form (Cash, Ch	eck etc.)
Street Address	Employer/Occupation/Labor Organization						check	ook, cto.)
706 Greenwich St			7:- 0-4:	М	D	Y	Amount	
City	_	tate H	Zip Code 43082	1		1 .	1	50.00
Worthington	0	11	43004			nber, if PA		00.00
Full Name of Contributor				Cgisti				
Marlene Lynn	In	/Oc	ation/Labor Organization				Form (Cash, Ch	eck, etc.)
Street Address	Employer/Occupation/Labor Organization						check	, '/
7725 Kelvinway Dr.	State Zip Code			М	D	Y	Amount	
City	I _	tate H	Zip Code 43085	$\begin{bmatrix} M \\ 0 \end{bmatrix} 7$	1 .			20.00
Worthington	0		tributor is self-employed occur					

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 465.00