

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full, <u>Jay Perez for Judge Committee</u>					
Full Name of Contributor <u>Don Marchlinger</u>				Registration Number, if PAC	
Street Address <u>6667 Firestone Pl.</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43082</u>	M <u>04</u>	D <u>17</u>	Y <u>06</u> Amount <u>250.00</u>
Full Name of Contributor <u>Larry Terrell</u>				Registration Number, if PAC	
Street Address <u>1229 Lindenwood</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>150.00</u>	
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43207</u>	M <u>04</u>	D <u>22</u>	Y <u>06</u> Amount <u>check</u>
Full Name of Contributor <u>Thomas Millson</u>				Registration Number, if PAC	
Street Address <u>2749 Mellowbrook St</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43225</u>	M <u>04</u>	D <u>22</u>	Y <u>06</u> Amount <u>250.00</u>
Full Name of Contributor <u>Mike Rankin</u>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>cash</u>	
City	State <u>OH</u>	Zip Code	M <u>04</u>	D <u>24</u>	Y <u>06</u> Amount <u>40.00</u>
Full Name of Contributor <u>Marsha Pond</u>				Registration Number, if PAC	
Street Address <u>1685 Trumansburg</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Ithaca</u>	State <u>NY</u>	Zip Code <u>14850</u>	M <u>05</u>	D <u>01</u>	Y <u>06</u> Amount <u>250.00</u>
Full Name of Contributor <u>Wilson Pond</u>				Registration Number, if PAC	
Street Address <u>1685 Trumansburg Rd</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Ithaca</u>	State <u>NY</u>	Zip Code <u>14850</u>	M <u>05</u>	D <u>01</u>	Y <u>06</u> Amount <u>250.00</u>
Full Name of Contributor <u>Form 31-E</u>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <u>OH</u>	Zip Code	M <u>03</u>	D <u>29</u>	Y <u>06</u> Amount <u>617.00</u>
Full Name of Contributor <u>Form 31-E</u>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <u>OH</u>	Zip Code	M <u>04</u>	D <u>13</u>	Y <u>06</u> Amount <u>260.00</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 also appear. [R.C. 3517.10(B)(4)]