

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge</b>							
Full Name of Contributor <b>Allen Reis</b>					Registration Number, if PAC		
Street Address <b>3250 Knoll Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Gahanna</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Marsha Pond</b>					Registration Number, if PAC		
Street Address <b>1685 Trumansburg Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Ithaca</b>	State <b>N</b>   <b>Y</b>	Zip Code <b>14850</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Debra Amato</b>					Registration Number, if PAC		
Street Address <b>117 Congress St.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Brooklyn</b>	State <b>N</b>   <b>Y</b>	Zip Code <b>11201</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Robert Eunice</b>					Registration Number, if PAC		
Street Address <b>1111 Twilight Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Reynoldsburg</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0</b>	D <b>3</b>	Y <b>3</b>	Amount <b>739.02</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>650.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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 \$ 2,039.02