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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·	···					
Jay Perez for Judge Committee									
Full Name of Contributor				Registration Number, if PAC					
E. Scott Shaw									
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Che	ck, etc.)		
500 S Front St, Ste 130						check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	O H	43215	0 7	1 5	0 6		100.00		
Full Name of Contributor Registration Number, if PAC									
Roger Amigo									
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Che	ck, etc.)		
7700 Hidden Hollow Dr.						check			
City	State	Zip Code	М	D	Y	Amount			
Columbus	$O \mid H$	43235	0 7	$1 \mid 7$	0 6		100.00		
Full Name of Contributor		10200			per, if PA	С			
Jeffrey Porter									
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Che	eck, etc.)		
	Employen	2.00.2.2.00.00.00.00.00.00.00.00.00.00.0				paypal	•		
65 E State St, Ste 1800	State	Zip Code	М	D	Y	Amount			
Calamalana	OH	43215	0 7	2 0	0 6		50.00		
Columbus	10 11	40210			per, if PA	C			
Full Name of Contributor			подівіни		,	_			
Norman Penn	Elever/Occur	ation/Labor Organization		_		Form (Cash, Che	eck etc.)		
Street Address	Employer/Occup	atton/Labor Organization		check					
9390 Welch Rd		7: 0-1-	М	D	Y	Amount			
City	State O H	Zip Code	0 7	1		7 Milouit	50.00		
Orient	OH	43146					50.00		
Full Name of Contributor Registration Number, if PAC									
Howard Heard						Form (Cash, Che	ak ata)		
Street Address	Employer/Occup	ation/Labor Organization				` '	ck, cic.)		
1186 Geers Ave				<u> </u>		check			
City	State	Zip Code	M	D	Y	Amount	25.00		
Columbus	O H	43206	0 7	2 4			25.00		
Full Name of Contributor			Registrat	tion Num	per, if PA	C			
Max Kravitz	Max Kravitz								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, Che	eck, etc.)		
145 E Rich St						check			
City	State	Zip Code	M	D		Amount	F0.00		
Columbus	O H	43215	0 7	$3 \mid 1$	0 6		50.00		
Full Name of Contributor			Registrat	tion Num	ber, if PA	C			
Warren Rhodes									
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Che	eck, etc.)		
7775 Featherleaf Ct						check			
City	State	Zip Code	М	D	Y	Amount			
Reynoldsburg	O H	43068	0 7		0 6		60.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	C			
Jeffrey Mackey			- 1						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
1538 Melrose Ave		-				check			
City	State	Zip Code	М	D	Y	Amount			
	OH	43224	0 8	0 2	0 6		40.00		
Columbus		10441	100	<u> </u>		ould be listed			

* 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 \$ 475.00