## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Jay Perez for Judge Committee			Registration Number, i	f PAC
Full Name of Contributor			registration reuniter, i	11710
Carpenters Local #200	E-maloyer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
Street Address	Employer/Occi	ipation/Labor Organization		check
1545 Alum Creek Dr.	04-4-	Ti- C-1-	M D Y	
City	State O H	Zip Code		
Columbus	ОН		0 9 2 5 0 Registration Number, i	
Full Name of Contributor			Registration Number,	IIAC
Ohio & Vicinity Regional Council		mation / obor Organization		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization			check
1394 Courtright Rd	Ctoto	Zip Code	M D Y	
City	State O   H	·	09250	
Columbus		43227	Registration Number, i	
This Name of Condition				
K L Neal	Elever/Opp	mation ( abor Organization		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization			check
1406 S Champion	G. I.	Zip Code	M D Y	
City	State O   H	'		
Columbus	OH	43206	Registration Number, i	
Full Name of Contributor			Registration (vumber, )	TIAC
Vicmir Vasquez	Eleves/Open	unation/Labor Organization		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization			
4262 Moreland Circle W	Ctutu	Zip Code	M D Y	paypal Amount
City	State			6 25.00
Grove City	OH	43123	Registration Number, i	
Full Name of Contributor			Registration Number, i	TIAC
Linda Rogovin	F 1/0			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization			check
8142 Creek Hollow Rd	Ctata	Zip Code	M D Y	
City	State O H	1		200.00
Blacklick	OH	43004	Registration Number, i	· •
Pull Name of Controllor				
Form 31-E	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
Street Address	Employer/Occi	ipation/Labor Organization		Tomi (Cash, Check, etc.)
	Ctoto	Zip Code	M D Y	Amount
City	State	Zip Code	0 6 1 5 0	
			Registration Number, i	
Full Name of Contributor			Tropionation Transcrip	
Form 31-E	Eloves/Occ	motion/Labor Organization		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization			10, (04011, 011011, 1111)
	C4-1-	Zip Code	M D Y	Amount
City	State	Zip Code		6 190.00
			0 8 2 9 0 Registration Number,	
Full Name of Contributor			regionation ranibot,	
Form 31-E	Employer/Occupation/Labor Organization Form			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization			. orni (Caori, Chook, Siv.)
		7:- Codo	M D Y	/ Amount
City	State	Zip Code		
			0 9 1 1 0	b 377.00

\* 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 \$ 1,757.00