

## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

,									
Name of Committee in Full									
Jay Perez for Judge Committee									
Name of Contributor				Registration Number, if PAC					
Marlowe Turback									
Street Address	Employer	Occupa/	tion/Labor Organization				Form (Cash, Ch	eck, etc.)	
1441 Midvale Ave							paypal		
City	Stat	te	Zip Code	M	D	Y	Amount		
Los Angeles	C	A_	90024	1 0	2 3	0 6		350.00	
Full Name of Contributor Registration Number, if PAC									
Harry Panitch									
Street Address	Employer	Employer/Occupation/Labor Organization					Form (Cash, Cl	eck, etc.)	
304 N Remington Rd								check	
City	Sta	te	Zip Code	M	D	Y	Amount		
Bexley	0	Н	43209	1 0	2 4	0 6		50.00	
Full Name of Contributor						ber, if PA	C		
Edwin Malek									
Street Address	Employer	/Occupa	tion/Labor Organization	_			Form (Cash, Cl	eck, etc.)	
1227 South High	1	,							
City	Sta	te	Zip Code	M	D	Υ	check Amount		
Columbus	0	H	43215	111	0 3	0 6		130.00	
Full Name of Contributor			10210			ber, if PA	C		
				١					
Manju Jindal Street Address	Employer	/Occupa	ntion/Labor Organization		_		Form (Cash, Cl	neck, etc.)	
	Zinpicyon	Zimprojon Cooupanom Zimprojon Copinication						•	
1401 Kinnards Place	Sta	te .	Zip Code	М	D	Y	check Amount	-	
City	O	H	43235	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	$\begin{vmatrix} \overline{3} \end{vmatrix}_1$	0 6		100.00	
Columbus		11	±3233			ber, if PA	C	100.00	
Full Name of Contributor				Logistia	1 tull	,		*	
Gus Shihab	P1- · ·	Employed Occupation II short Organization				Earn (			
Street Address	Employer	Employer/Occupation/Labor Organization					Form (Cash, Cl check	,,	
6618 Traquir Pl		4-	Tin Code	М	D	Y	Amount		
City	Sta		Zip Code				, anount	500.00	
Dublin	0	Н	43016	1 1		0 6 ber, if PA	.C	200.00	
Full Name of Contributor				Registra	HIOH INUIN	ioci, II PA			
Ahmad Akhras							Form (Coch C	heck etc.)	
Street Address	Employer	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1311 Le Anne Marie Circle			In a s	136		1 17	check		
City	Sta		Zip Code	M	D	Y	Amount	300.00	
Columbus	0	H	43235			0 6		300.00	
Full Name of Contributor				Registra	uon Nur	iber, if PA	NC .		
M.N. Tarazi							Tr (Ö. 1. 0	hade atc.	
Street Address	Employer	Employer/Occupation/Labor Organization					Form (Cash, C check	песк, етс.)	
147 East New England Ave									
City	Sta		Zip Code	M	D	Y	Amount	100.00	
Worthington	O	<u>H</u>	43085	1 1	0 4	0 6		100.00	
Full Name of Contributor				Registra	ation Nun	ber, if PA	AC		
Barakat Saleh									
Street Address	Employe	Employer/Occupation/Labor Organization					Form (Cash, C	heck, etc.)	
941 Thornapple Grove	ļ						check		
City	Sta	ate	Zip Code	М	D	Y	Amount	<b>25</b> 0.00	
Galloway	0	Н	43119	1 1		0 6		250.00	
Guilotta	11 111	70	tributor is self-employed occ	unation rathe	r than en	nlover ch	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)