

Page Total \$ 1,000.00

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				
Si Sokol				Rogisur	ation ival	11001, 11 1 2	ic .		
Street Address	Employe	er/Occup	ation/Labor Organization				Form (Cash, Che	ck. etc.)	
2346 Fishinger Rd	Zaprojek Georgianou Zacor Griganization						check	o.i., o.o.,	
City	St	tate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43221	0 8	0 4	0 5		250.00	
Full Name of Contributor Registration Number, if PAC									
Jeffrey Berndt				1					
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	ck, etc.)	
575 S. High St.							check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43215	0 8	0 4	0 5	[50.00	
Full Name of Contributor						nber, if P	AC		
Shadee Rasul									
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	ck, etc.)	
5435 Thorney Dr.							check		
City	St	ate	Zip Code	М	D	Y	Amount		
Hilliard	0	H	43026	0 8	2 7	0 5		150.00	
Full Name of Contributor	1311			Registra	tion Nur	nber, if PA	AC .		
Scott Shaw									
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
500 S. Front St., Ste 130							check		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus	10	Н	43215	0 9	1 6	0 5		300.00	
Full Name of Contributor Registration Number, if PAC									
Vanessa Wical Baker									
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
3163 Walden Ravines	<u> </u>		I		· · · · ·		check		
City	1 _	ate	Zip Code	M	D	Y	Amount	05.00	
Columbus	10	Н	43221	10				25.00	
Full Name of Contributor Registration Number, if PAC									
Patricia Hadler	Employer/Occupation/Labor Organization						F: :: (0, 1, 0)	1	
Street Address	Employe				Form (Cash, Check, etc.)				
2477 Southway Dr.	-	240	7in Codo	Т 34	I n	Lv	check		
Columbus	lo	ate H	Zip Code 43221	M	D	$\begin{vmatrix} \mathbf{y} \\ 0 \end{vmatrix} 5$	Amount	50.00	
Full Name of Contributor	10	11	45221			IU∣S nber, if PA		30.00	
Maria Laret				Registra	idon ivai	ilbei, ii r z	iC .		
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Che	ck etc.)	
6600 Brick Ct.	Employer/Occupation/Labor Organization						rom (Cash, Che	лк, сис.)	
City	St	ate	Zip Code	М	D	Y	Amount	-	
Canal Winchester	آ ه ا	H	43110	10	1 1	0 5		125.00	
Full Name of Contributor			10110			ber, if PA		120.00	
Giselle Zuniga									
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Chec	ck, etc.)		
3133 Standhill Dr.							check	-	
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus		Н	43219	0 9	116	0 5		50.00	

* 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)