

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 Si Sokol						Registration Number, if PAC			
Street Address 2346 Fishinger Rd			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 8	Y 0	Amount 250.00		
Full Name of Contributor Jeffrey Berndt						Registration Number, if PAC			
Street Address 575 S. High St.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 8	Y 0	Amount 50.00		
Full Name of Contributor Shadee Rasul						Registration Number, if PAC			
Street Address 5435 Thorney Dr.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 8	Y 2	Amount 150.00		
Full Name of Contributor Scott Shaw						Registration Number, if PAC			
Street Address 500 S. Front St., Ste 130			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 9	Y 1	Amount 300.00		
Full Name of Contributor Vanessa Wical Baker						Registration Number, if PAC			
Street Address 3163 Walden Ravines			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43221	M 1	D 0	Y 0	Amount 25.00		
Full Name of Contributor Patricia Hadler						Registration Number, if PAC			
Street Address 2477 Southway Dr.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43221	M 1	D 0	Y 0	Amount 50.00		
Full Name of Contributor Maria Laret						Registration Number, if PAC			
Street Address 6600 Brick Ct.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City Canal Winchester	State O	H H	Zip Code 43110	M 1	D 0	Y 1	Amount 125.00		
Full Name of Contributor Giselle Zuniga						Registration Number, if PAC			
Street Address 3133 Standhill Dr.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43219	M 0	D 9	Y 1	Amount 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)

Page Total \$ 1,000.00