Page Total \$ 2,280.00

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			
Lorant Ipacs							
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
34 Lookout Lane					check		
City	State	Zip Code	М	D	Y	Amount	
Pataskala	OH	43062	$0 \mid 4$	1 8	0 5		100.00
Full Name of Contributor			Registrat	ion Numl	ber, if PA	С	
Clifford Lanthorn							
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
646 Covered Bridge Dr.					check		
City	State	Zip Code	М	D	Y	Amount	
Delaware	O H	43015	0 4	2 0	0 5		100.00
Full Name of Contributor				tion Num	ber, if PA	C	
William Lamkin			1				
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
500 S. Front St, Ste 200					check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОІН	43215	0 4	2 0	0 5		300.00
Full Name of Contributor		10210		tion Num		C	
Contributions from Form 31-E							
	Employer/Occur	oation/Labor Organization				Form (Cash, C	heck, etc.)
Street Address	Employa. Good	, <u></u>				, .	
	State	Zip Code	М	D	Y	Amount	
City	State	Lip code		2 0	l		750.00
- " " " " " " " " " " " " " " " " " " "				tion Num		C.	700.00
Full Name of Contributor			Rogistia	tion man	ooi, ii i i		
William Mann	[E. 1(O	pation/Labor Organization				Form (Cash C	heck etc.)
Street Address	Employer/Occu				Form (Cash, Check, etc.) Check		
580 S. High St, Ste 200		Ta: 0.1.	1 1/4	D	Y	Amount	
City	State	Zip Code	M	1	1	Amount	100.00
Columbus	OH	43215	0 4	2 2			100.00
Full Name of Contributor			Kegistra	tion Num	ber, ii PA	ic	
Contributions from Form 31-E						E (C-sh. C	Sharle ata \
Street Address	Employer/Occu				Form (Cash, C	neck, etc.)	
City	State	Zip Code	M	D	Y	Amount	000.00
				1 1		<u> </u>	930.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
						V=	
Street Address	Employer/Occu					check, etc.)	
City	State	Zip Code	M	P. '	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
		·					
Street Address	Employer/Occu					heck, etc.)	
						·	
City	State	Zip Code	М	D	Y	Amount	
						<u></u>	
* Required for contributions over \$100 to statewide and generate	al assembly candidates. If co	ntributor is self-employed, oc	cupation rathe	r than em	ployer sh	ould be listed.	
If two or more employees contribute via payroll deduction and	l exceed the aggregate of \$1	00, the labor organization of v	which the empl	loyees are	member	s, if any, must	
• •							