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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Jay Perez for Judge Committee										
ull Name of Contributor					Registration Number, if PAC					
Thomas Sherman							,			
Street Address	Employ/	er/Occupa	ation/Labor Organization					Form (Cash, Ch	eck, etc.)	
910 Franklin Ave								check		
City	Si	tate	Zip Code	M		D	Y	Amount		
Columbus		H	43205	0	9	2 1	0 5	5	50.00	
Full Name of Contributor Registration Number, if PA										
Harry Jennings										
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Che	eck, etc.)	
18 Ironclad Dr.								check		
City	St	ate	Zip Code	M		D	Y	Amount		
Columbus	0	H	43213	0	9	3 1	0 5	5	20.00	
Full Name of Contributor	Registration Number, if PA							AC		
Norman Penn										
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Che	eck, etc.)	
9390 Welch Rd								check		
City	I .	ate	Zip Code	M		D	Y	Amount		
Orient	0	Н	43146			1 5		_	100.00	
Full Name of Contributor				Regi	strat	ion Nun	nber, if P	AC		
Frances Frazier										
Street Address	Employer/Occupation/Labor Organization							1 '	Form (Cash, Check, etc.)	
3466 Bolton Ave					_		T	check		
City	l _	ate	Zip Code	M	ړ	D	Y	Amount	E0.00	
Columbus Full Name of Contributor	0	H	43227		9	1 7			50.00	
Full Name of Contributor Registration Number, if PAC Ellen Macrae										
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Che	ack etc.)	
128 N Merkle Rd	Employer Geoupation Labor Organization							check	cox, cic.	
City	St	ate	Zip Code	М	Т	D	Y	Amount		
Columbus	0	Н	43209	1 .	9	1 6	1 .	1	50.00	
Full Name of Contributor	10		40207						50.00	
Full Name of Contributor Registration Number, if PAC Dennis Fultz										
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Che	eck, etc.)	
300 S. High Street								check	, ,	
City	St	ate	Zip Code	М	П	D	Y	Amount		
Columbus	0	Н	43215	11	٥l	1 8	0 5	; 	100.00	
Full Name of Contributor			·				nber, if P	-		
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Che	eck, etc.)	
City	St	ate	Zip Code	M		D	Y	Amount		
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Che	eck, etc.)	
City	Str	ate	Zip Code	M	7	D	Y	Amount		
* D 1 f +										

* 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 \$ 370.00