

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					
Aaron Rosenfeld								(0.11		
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check,	, etc.)		
2780 Elm Ave							,	check		
City	١ _	tate	Zip Code	M	I		Y	Amount	- 0.00	
Columbus	0	H	43209		3 0			<u></u>	50.00	
Full Name of Contributor Registration Number, if PAC										
Dianna Anelli										
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
2365 Quarry Valley Rd							T	check		
City	- 1	tate	Zip Code	M			Y	Amount	E0.00	
Columbus	10	H	43204			1	0 6	<u></u>	50.00	
Full Name of Contributor			:	Regist	ration	Num	ber, if PA	.C		
I.B.E.W.								I a (0 (0))		
Street Address	Employ	er/Occupa	ation/Labor Organization					Form (Cash, Check,	etc.)	
900 Seventh Street NW			<u></u>	-1			1 - 22	check		
City		tate	Zip Code	M			Y	Amount	500.00	
Washington	D	C	20001		3 0				500.00	
Full Name of Contributor				Registi	ration	Num	ber, if PA	.C		
Debra Amato							E (C			
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
117 Congress St.						T 17	check			
City	1	tate	Zip Code	M			Y	Amount	20.00	
Brooklyn	N	Y	11201				0 6 ber, if PA	<u> </u>	20.00	
Full Name of Contributor				Registi	ation	чшп	ber, ii FA			
Thomas Sherman	Tra i						-	Form (Cash, Check,	ato.)	
Street Address	Employer/Occupation/Labor Organization									
910 Franklin Ave	 		7. 0. 1.	I M	I		Υ	check Amount		
City	I _	tate H	Zip Code	M				Alloun	20.00	
Columbus	10	11	43205				0 6 ber, if PA	<u> </u>	20.00	
Full Name of Contributor				Registi	ation	NUIII	uei, ii FA	C		
Ronald Koltak							Form (Cash, Check,	ata)		
Street Address	Employer/Occupation/Labor Organization							check		
5 E Long St, Ste 100			7:- 0-1-	М	D		Y	Amount		
City	I _	tate H	Zip Code 43215				0 6		250.00	
Columbus	0	11	43213	D Registr	ation)) L	ber, if PA		.50.00	
Full Name of Contributor				Kegisu	auon	YUIII	oor, it i A	C		
Frances Amato	IT1	/0	tion/Labor Organization					Form (Cash, Check,	etc.)	
Street Address	Employer/Occupation/Labor Organization						check			
723 Ave M	State Zip Code M D Y						Amount			
City		iate Y	Zip Code				I . I	Allouit	20.00	
Brooklyn Full Name of Contributor	N	1	11230	0 8		1	0 6 ber, if PA	C	20.00	
				region			, • • •			
Abigal Santos	Emple	or/Occurs	ation// abor Organization					Form (Cash, Check,	etc.)	
Street Address	Employer/Occupation/Labor Organization						cash	,		
1231 Warble Dr	State Zip Code M D Y					Amount				
City	l _	tate H	43204	0 9		6	1	. mount	20.00	
Columbus	10		ributor is self-employed occur					auld he listed	∠0.00	

* 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 \$ 930.00