

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 Aaron Rosenfeld						Registration Number, if PAC			
Street Address 2780 Elm Ave			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43209	M 0	D 8	Y 0	Amount 50.00		
Full Name of Contributor Dianna Anelli						Registration Number, if PAC			
Street Address 2365 Quarry Valley Rd			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43204	M 0	D 8	Y 0	Amount 50.00		
Full Name of Contributor I.B.E.W.						Registration Number, if PAC			
Street Address 900 Seventh Street NW			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Washington	State D	C C	Zip Code 20001	M 0	D 8	Y 0	Amount 500.00		
Full Name of Contributor Debra Amato						Registration Number, if PAC			
Street Address 117 Congress St.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Brooklyn	State N	Y Y	Zip Code 11201	M 0	D 7	Y 2	Amount 20.00		
Full Name of Contributor Thomas Sherman						Registration Number, if PAC			
Street Address 910 Franklin Ave			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43205	M 0	D 8	Y 1	Amount 20.00		
Full Name of Contributor Ronald Koltak						Registration Number, if PAC			
Street Address 5 E Long St, Ste 100			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 8	Y 2	Amount 250.00		
Full Name of Contributor Frances Amato						Registration Number, if PAC			
Street Address 723 Ave M			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Brooklyn	State N	Y Y	Zip Code 11230	M 0	D 8	Y 2	Amount 20.00		
Full Name of Contributor Abigal Santos						Registration Number, if PAC			
Street Address 1231 Warble Dr			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) cash		
City Columbus	State O	H H	Zip Code 43204	M 0	D 9	Y 0	Amount 20.00		

* 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