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R	C.	3517.10

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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												
Full Name of Contributor					Registration Number, if PAC							
Mark Serrott												
Street Address		Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)					
789 Northwest Blvd, Apt. A							check					
City	Sta	te	Zip Code	М	D	Y	Amount					
Columbus	0	Н	43212	$1 \mid 0$	1 9	0   5		150.00				
Full Name of Contributor Registration Number, if PAC												
Scott Doran												
Street Address		Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)					
7624 Innbrook Place							check					
City	Sta	te	Zip Code	М	D	Y	Amount					
Columbus	0	Н	43235	1   0				50.00				
Full Name of Contributor					Registration Number, if PAC							
Joseph Landusky												
Street Address		/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)					
901 S. High St							check					
City	Sta		Zip Code	M	D	Y	Amount	400.00				
Columbus	101	H	43206	1 (				100.00				
Full Name of Contributor Registration Number, if PAC							.C					
Marlene Lynn												
Street Address	Employer	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)					
7725 Kelvinway Dr							check					
City	Sta		Zip Code	М	D	Y	Amount	20.00				
Worthington		Н	43085	1 1			<u></u>	20.00				
Full Name of Contributor				Regist	ation Nur	nber, if PA	iC.					
Richard Gallagher	1=	10					Form (Cash, C	tt				
Street Address	Employer	Employer/Occupation/Labor Organization						neck, etc.)				
373 W 6th Ave			7:- C-1-	1 M	D	ΙΥ	check					
City	Sta	H.	Zip Code	M		1	Amount	500.00				
Columbus	0		43201	1 1		0 5 nber, if PA	Ĉ	300.00				
Full Name of Contributor	DAC			Regist	ration Nui	noer, ii PA	ic .					
Franklin County Democratic Lawyers	_	·/O	ti/l shor Organization				Form (Cash, C	hack etc.)				
Street Address		Employer/Occupation/Labor Organization					check					
1141 S High St	Sta	ıto.	Zip Code	М	D	Y	Amount					
Columbus		Н	43215		2 2			200.00				
Full Name of Contributor			10210			nber, if PA		200.00				
Franklin County Democratic Party				1		,•						
Street Address Employer/Occupation/La			tion/Labor Organization	Form (Cash, Check, etc.)								
271 E State Street							check					
City	Sta	ite	Zip Code	М	D	Y	Amount					
Columbus	Ιoι	Н	43215	1110	)   2   2	0   5	Í	2,500.00				
Full Name of Contributor						nber, if PA	ıC					
Friends of Sherrod Brown												
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)					
607 14th St, NW, Ste 800							check					
City		ite	Zip Code	М	D	Y	Amount					
Washington DC			20005	1   1	L   0   2	0 5		100.00				
* Required for contributions over \$100 to statewide and general assembly	v condidate	. If cont					ould be listed					

\* 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 \$ 3,620.00