Page 3

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Name of Committee in Full Lavy Paracy for Lydge Committee								
Jay Perez for Judge Committee Full Name of Contributor					Designation Number of DAC			
Lawrence Abramson					Registration Number, if PAC			
Street Address	Emmlove	/Occurr	ation/Labor Organization	<u> </u>			Form (Cash, Ch	aals ata\
	Employer/Occupation/Labor Organization							eck, eic.)
2511 Bryden Rd	 	-4-	7:- 0-1-	1 37	I B	1 7	check	
City	1	ate H	Zip Code 43209	M	D	T Y	Amount	50.00
Bexley	0	11	43209	0 3		7 0 5		30.00
Full Name of Contributor Registration Number, if PAC								
Timothy Boone Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)								
Street Address	Employer/Occupation/Labor Organization						` '	eck, etc.)
1349 E. Broad St.	 	1			check			
City	1 _	ate	Zip Code	M	D	Y	Amount	=0.00
Columbus	0	Н	43205		0			50.00
Full Name of Contributor	I ₹							
Linda Rogovin								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Ch	eck, etc.)
8142 Creek Hollow Rd							check	
City	·	ate	Zip Code	M	D	Y	Amount	
Blacklick	0	H	43004	0 3	1	<u> 5 0 5</u>		100.00
Full Name of Contributor				Registra	tion N	umber, if P	AC	
Frances Amato								
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
723 Ave "M"					check			
City	Sta	ate	Zip Code	M	D	Y	Amount	
Brooklyn	N	Y	11230	03	11	8 0 5	5	50.00
Full Name of Contributor Registration Number, if PAC								
Mark Serrott								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Ch	eck, etc.)
789 Northwest Blvd							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43212	0 3	11	8 0 5	1	100.00
Full Name of Contributor			<u></u>			umber, if P		
Geralyn Hoffman								
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			eck, etc.)
2389 Collins Dr.	1				check			
City	St	ate	Zip Code	М	D	Y.	Amount	
Worthington	0	Н	43085	ไกไล		8 0 5	:1	50.00
Full Name of Contributor			10000			umber, if P		
Marlowe Turback								
Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)								
1531 6th St, Apt. 502							check	. , ,
City	St	ate	Zip Code	M	D	ΙΥ	Amount	
Santa Monica	C	Α	90401	03	I .	5 0 5	ł	100.00
Full Name of Contributor			70401					100.00
Sallynda Rothchild Dennison	Emmlere	r/Onner	ation/ abor Organization	<u> </u>			Form (Cash, Ch	eck etc)
Street Address	Employer/Occupation/Labor Organization							cia, cii.)
500 S. Front St, Ste 102	State Zip Code			130	1 5	1 37	check	
City	1 .		Zip Code	M	D	r Y	Amount	100.00
Columbus	0	H	43215	0 3	2	<u>5 0 5</u>	<u></u>	100.00

* 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 \$ _____600.00