

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 Lawrence Abramson					Registration Number, if PAC		
Street Address 2511 Bryden Rd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 3	Y 0	Amount 50.00	
Full Name of Contributor Timothy Boone					Registration Number, if PAC		
Street Address 1349 E. Broad St.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43205	M 0	D 3	Y 0	Amount 50.00	
Full Name of Contributor Linda Rogovin					Registration Number, if PAC		
Street Address 8142 Creek Hollow Rd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0	D 3	Y 1	Amount 100.00	
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	Zip Code 11230	M 0	D 3	Y 1	Amount 50.00	
Full Name of Contributor Mark Serrott					Registration Number, if PAC		
Street Address 789 Northwest Blvd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Geralyn Hoffman					Registration Number, if PAC		
Street Address 2389 Collins Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Worthington	State O H	Zip Code 43085	M 0	D 3	Y 1	Amount 50.00	
Full Name of Contributor Marlowe Turback					Registration Number, if PAC		
Street Address 1531 6th St, Apt. 502		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Santa Monica	State C A	Zip Code 90401	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Sallynda Rothchild Dennison					Registration Number, if PAC		
Street Address 500 S. Front St, Ste 102		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 2	Amount 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**