

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Jay Perez for Judge Committee</b>						Registration Number, if PAC					
Full Name of Candidate <b>Jay Gregg Perez</b>											
Street Address <b>5 E Long Street, Ste 404</b>						Office Sought <b>judge</b>			District		
City <b>Columbus</b>						State <b>O H</b>		Zip Code <b>43215</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
	Monthly		Monthly		Monthly						
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y	
						1	1	0	7	0	6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1 Amount brought forward from last report	\$ 3,744.21
2 Total monetary contributions (From Form No. 31-A)	\$ 3,276.42
3 Total other income (From Form No. 31-A-2)	\$ 0.00
4 Total funds available (sum of lines 1, 2, 3)	\$ 7,020.63
5 Total monetary expenditures (From Form No. 31-B)	\$ 7,000.00
6 Balance on hand (line 4 minus line 5)	\$ 20.63
7 Value of in-kind contributions received (From Form No. 31-F-I)	\$ 0.00
8 Value of in-kind contributions made (From Form No. 31-F-2)	\$ 0.00
9 Outstanding loans owed by committee (From Form No. 31-C)	\$ 2,545.00
10 Outstanding debts owed by committee (From Form No. 31-N)	\$ 61,086.06
11 Outstanding loans owed to committee (From Form No. 31-K)	\$
12 Value of independent expenditures made (From Form No. 31-U)	\$
13 For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

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 FILED  
 OFFICE OF THE SECRETARY OF STATE

**THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**

**Layla Turback**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 1

Other pages 2

Total pages 5

*12-26-06*

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							
Full Name of Contributor <b>Marlowe Turback</b>						Registration Number, if PAC	
Street Address <b>1441 Midvale Ave</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>paypal</b>	
City <b>Los Angeles</b>		State <b>C   A</b>	Zip Code <b>90024</b>	M <b>1   0</b>	D <b>2   3</b>	Y <b>0   6</b>	Amount <b>350.00</b>
Full Name of Contributor <b>Harry Panitch</b>						Registration Number, if PAC	
Street Address <b>304 N Remington Rd</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Bexley</b>		State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>2   4</b>	Y <b>0   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Edwin Malek</b>						Registration Number, if PAC	
Street Address <b>1227 South High</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   6</b>	Amount <b>130.00</b>
Full Name of Contributor <b>Manju Jindal</b>						Registration Number, if PAC	
Street Address <b>1401 Kinnards Place</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43235</b>	M <b>1   0</b>	D <b>3   1</b>	Y <b>0   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Gus Shihab</b>						Registration Number, if PAC	
Street Address <b>6618 Traquir Pl</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Dublin</b>		State <b>O   H</b>	Zip Code <b>43016</b>	M <b>1   1</b>	D <b>0   7</b>	Y <b>0   6</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Ahmad Akhras</b>						Registration Number, if PAC	
Street Address <b>1311 Le Anne Marie Circle</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43235</b>	M <b>1   1</b>	D <b>0   4</b>	Y <b>0   6</b>	Amount <b>300.00</b>
Full Name of Contributor <b>M.N. Tarazi</b>						Registration Number, if PAC	
Street Address <b>147 East New England Ave</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Worthington</b>		State <b>O   H</b>	Zip Code <b>43085</b>	M <b>1   1</b>	D <b>0   4</b>	Y <b>0   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Barakat Saleh</b>						Registration Number, if PAC	
Street Address <b>941 Thornapple Grove</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Galloway</b>		State <b>O   H</b>	Zip Code <b>43119</b>	M <b>1   1</b>	D <b>0   6</b>	Y <b>0   6</b>	Amount <b>250.00</b>

\* 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)

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>									
Full Name of Contributor <b>Jay Perez</b>						Registration Number, if PAC			
Street Address <b>1655 Gables Ct</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>paypal</b>		
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43235</b>		M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>1,496.42</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount

\* 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)

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>												
To Whom Paid <b>Field Source Management / JAV Productions</b>						M	D	Y	Amount			
						1	0	2	3	0	6	7,000.00
Address <b>3246 West Henderson Rd, Apt. A</b>				Purpose <b>air time</b>								
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43220</b>		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Jay Perez for Judge</b>										
To Whom Owed <b>Jay Perez</b>						Prior Amount <b>45,786.06</b>		Amt. Incurred this Period <b>5,000.00</b>		
Address <b>1655 Gables Court</b>						Item or Purpose for Debt		Outstanding Balance <b>50,786.06</b>		
City <b>Columbus</b>				State <b>OH</b>		Zip Code <b>43235</b>		Payments Made This Period Date Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
				0	7	1	8	0	6	
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed <b>Layla Perez</b>						Prior Amount		Amt. Incurred this Period <b>10,300.00</b>		
Address <b>1655 Gables Court</b>						Item or Purpose for Debt		Outstanding Balance <b>10,300.00</b>		
City <b>Columbus</b>				State <b>OH</b>		Zip Code <b>43235</b>		Payments Made This Period Date Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
				0	9	1	5	0	6	
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State		Zip Code		Payments Made This Period Date Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)  
 Total Outstanding Balance \$ 61,086.06 (also record on cover page)