

FILED

# Ohio Campaign Finance Report

06 OCT 26 PM 2: 57

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

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		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination		Semiannual		
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	\$	1,214.60
2. Total monetary contributions (From Form No. 31-A)	\$	4,767.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	5,981.60
5. Total monetary expenditures (From Form No. 31-B)	\$	2,237.39
6. Balance on hand (line 4 minus line 5)	\$	3,744.21
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	325.00
8. Value of in-kind contributions made (From Form No. 31-J-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)	\$	45,786.06
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

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)

*Layla Turback*  
Signature

10/24/06  
Date

Contribution pages 10

Expenditure pages 2

Other pages 6

Total pages 18

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							Registration Number, if PAC					
Full Name of Contributor <b>Michael Guirlinger</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>paypal</b>					
Street Address <b>10295 Braemar Dr</b>				City <b>Powell</b>			State <b>O   H</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>6</b>	Y <b>1906</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Mitch Shifrin</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>					
Street Address				City			State	Zip Code	M	D	Y	Amount
Full Name of Contributor <b>John Kenney</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>					
Street Address <b>113 Lauriston Place</b>				City <b>Pickerington</b>			State <b>O   H</b>	Zip Code <b>43147</b>	M <b>0</b>	D <b>6</b>	Y <b>2206</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Richard Ryan</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>					
Street Address <b>1452 Ironwood Dr.</b>				City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43229</b>	M <b>0</b>	D <b>6</b>	Y <b>2006</b>	Amount <b>40.00</b>
Full Name of Contributor <b>Sheryl Williams</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>					
Street Address <b>658 Bugle Ct</b>				City <b>Gahanna</b>			State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>7</b>	Y <b>0606</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Christopher Blinn</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>					
Street Address <b>3823 Aries Brook Dr.</b>				City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43207</b>	M <b>0</b>	D <b>7</b>	Y <b>1506</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Charles Gehring</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>					
Street Address <b>706 Greenwich St</b>				City <b>Worthington</b>			State <b>O   H</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>7</b>	Y <b>1606</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Marlene Lynn</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>					
Street Address <b>7725 Kelvinway Dr.</b>				City <b>Worthington</b>			State <b>O   H</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>7</b>	Y <b>1406</b>	Amount <b>20.00</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>E. Scott Shaw</b>						Registration Number, if PAC	
Street Address <b>500 S Front St, Ste 130</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>0   7</b>	D <b>1   5</b>	Y <b>0   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Roger Amigo</b>						Registration Number, if PAC	
Street Address <b>7700 Hidden Hollow Dr.</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>0   7</b>	D <b>1   7</b>	Y <b>0   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Jeffrey Porter</b>						Registration Number, if PAC	
Street Address <b>65 E State St, Ste 1800</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>paypal</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>2   0</b>	Y <b>0   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Norman Penn</b>						Registration Number, if PAC	
Street Address <b>9390 Welch Rd</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Orient</b>		State <b>O   H</b>	Zip Code <b>43146</b>	M <b>0   7</b>	D <b>2   6</b>	Y <b>0   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Howard Heard</b>						Registration Number, if PAC	
Street Address <b>1186 Geers Ave</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43206</b>	M <b>0   7</b>	D <b>2   4</b>	Y <b>0   6</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Max Kravitz</b>						Registration Number, if PAC	
Street Address <b>145 E Rich St</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>0   7</b>	D <b>3   1</b>	Y <b>0   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Warren Rhodes</b>						Registration Number, if PAC	
Street Address <b>7775 Featherleaf Ct</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Reynoldsburg</b>		State <b>O   H</b>	Zip Code <b>43068</b>	M <b>0   7</b>	D <b>3   1</b>	Y <b>0   6</b>	Amount <b>60.00</b>
Full Name of Contributor <b>Jeffrey Mackey</b>						Registration Number, if PAC	
Street Address <b>1538 Melrose Ave</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43224</b>	M <b>0   8</b>	D <b>0   2</b>	Y <b>0   6</b>	Amount <b>40.00</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>							Registration Number, if PAC		
Full Name of Contributor <b>Aaron Rosenfeld</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
Street Address <b>2780 Elm Ave</b>		State <b>O   H</b>		Zip Code <b>43209</b>		M <b>0   8</b>	D <b>0   3</b>	Y <b>0   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Dianna Anelli</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
Street Address <b>2365 Quarry Valley Rd</b>		State <b>O   H</b>		Zip Code <b>43204</b>		M <b>0   8</b>	D <b>0   1</b>	Y <b>0   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>I.B.E.W.</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
Street Address <b>900 Seventh Street NW</b>		State <b>D   C</b>		Zip Code <b>20001</b>		M <b>0   8</b>	D <b>0   1</b>	Y <b>0   6</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Debra Amato</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
Street Address <b>117 Congress St.</b>		State <b>N   Y</b>		Zip Code <b>11201</b>		M <b>0   7</b>	D <b>2   4</b>	Y <b>0   6</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Thomas Sherman</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
Street Address <b>910 Franklin Ave</b>		State <b>O   H</b>		Zip Code <b>43205</b>		M <b>0   8</b>	D <b>1   0</b>	Y <b>0   6</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Ronald Koltak</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
Street Address <b>5 E Long St, Ste 100</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   8</b>	D <b>2   1</b>	Y <b>0   6</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Frances Amato</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
Street Address <b>723 Ave M</b>		State <b>N   Y</b>		Zip Code <b>11230</b>		M <b>0   8</b>	D <b>2   1</b>	Y <b>0   6</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Abigal Santos</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>cash</b>		
Street Address <b>1231 Warble Dr</b>		State <b>O   H</b>		Zip Code <b>43204</b>		M <b>0   9</b>	D <b>0   6</b>	Y <b>0   6</b>	Amount <b>20.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							Registration Number, if PAC	
Full Name of Contributor <b>Mireya Santos</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>cash</b>	
Street Address <b>602 Franshire</b>				City <b>Columbus</b>			Amount <b>20.00</b>	
State <b>O   H</b>		Zip Code		M	D	Y		
				<b>0   9</b>	<b>0   6</b>	<b>0   6</b>		
Full Name of Contributor <b>Enrique Ramirez</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>cash</b>	
Street Address <b>1231 Warble Dr</b>				City <b>Columbus</b>			Amount <b>20.00</b>	
State <b>O   H</b>		Zip Code <b>43204</b>		M	D	Y		
				<b>0   9</b>	<b>0   6</b>	<b>0   6</b>		
Full Name of Contributor <b>Shadee Rasul</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>paypal</b>	
Street Address <b>5435 Thorney Dr</b>				City <b>Hilliard</b>			Amount <b>100.00</b>	
State <b>O   H</b>		Zip Code <b>43026</b>		M	D	Y		
				<b>0   9</b>	<b>0   8</b>	<b>0   6</b>		
Full Name of Contributor <b>Mark Serrott</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>cash</b>	
Street Address <b>789 Northwest Blvd, Apt. A</b>				City <b>Columbus</b>			Amount <b>100.00</b>	
State <b>O   H</b>		Zip Code <b>43212</b>		M	D	Y		
				<b>0   9</b>	<b>1   9</b>	<b>0   6</b>		
Full Name of Contributor <b>Marsha Pond</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>1685 Trumansburg Rd</b>				City <b>Ithaca</b>			Amount <b>250.00</b>	
State <b>N   Y</b>		Zip Code <b>14850</b>		M	D	Y		
				<b>0   9</b>	<b>2   5</b>	<b>0   6</b>		
Full Name of Contributor <b>Wilson Pond</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>1685 Trumansburg Rd</b>				City <b>Ithaca</b>			Amount <b>50.00</b>	
State <b>N   Y</b>		Zip Code <b>14850</b>		M	D	Y		
				<b>0   9</b>	<b>2   5</b>	<b>0   6</b>		
Full Name of Contributor <b>Jeffrey Von Holten</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>1408 Kinnards Place</b>				City <b>Columbus</b>			Amount <b>100.00</b>	
State <b>O   H</b>		Zip Code <b>43235</b>		M	D	Y		
				<b>0   9</b>	<b>2   5</b>	<b>0   6</b>		
Full Name of Contributor <b>Laborers Int'l Union of North America Local 423</b>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>620 Alum Creek Dr.</b>				City <b>Columbus</b>			Amount <b>500.00</b>	
State <b>O   H</b>		Zip Code <b>43205</b>		M	D	Y		
				<b>0   9</b>	<b>2   5</b>	<b>0   6</b>		

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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

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							Registration Number, if PAC	
Full Name of Contributor <b>Carpenters Local #200</b>					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>1545 Alum Creek Dr.</b>			City <b>Columbus</b>		State <b>O   H</b>	Zip Code	M   D   Y <b>0   9   2   5   0   6</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Ohio &amp; Vicinity Regional Council</b>							Registration Number, if PAC	
Street Address <b>1394 Courtright Rd</b>					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43227</b>	M   D   Y <b>0   9   2   5   0   6</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>K L Neal</b>							Registration Number, if PAC	
Street Address <b>1406 S Champion</b>					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43206</b>	M   D   Y <b>0   9   1   3   0   6</b>	Amount <b>25.00</b>		
Full Name of Contributor <b>Vicmir Vasquez</b>							Registration Number, if PAC	
Street Address <b>4262 Moreland Circle W</b>					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>paypal</b>	
City <b>Grove City</b>			State <b>O   H</b>	Zip Code <b>43123</b>	M   D   Y <b>0   9   2   8   0   6</b>	Amount <b>25.00</b>		
Full Name of Contributor <b>Linda Rogovin</b>							Registration Number, if PAC	
Street Address <b>8142 Creek Hollow Rd</b>					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>check</b>	
City <b>Blacklick</b>			State <b>O   H</b>	Zip Code <b>43004</b>	M   D   Y <b>0   9   2   5   0   6</b>	Amount <b>200.00</b>		
Full Name of Contributor <b>Form 31-E</b>							Registration Number, if PAC	
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
City			State	Zip Code	M   D   Y <b>0   6   1   5   0   6</b>	Amount <b>240.00</b>		
Full Name of Contributor <b>Form 31-E</b>							Registration Number, if PAC	
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
City			State	Zip Code	M   D   Y <b>0   8   2   9   0   6</b>	Amount <b>190.00</b>		
Full Name of Contributor <b>Form 31-E</b>							Registration Number, if PAC	
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
City			State	Zip Code	M   D   Y <b>0   9   1   1   0   6</b>	Amount <b>577.00</b>		

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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>						Registration Number, if PAC						
Full Name of Contributor <b>Mark Essary</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount			
Street Address <b>1500 Marvin Dr</b>		State <b>O   H</b>		Zip Code <b>43068</b>		<b>0</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>20.00</b>
City <b>Reynoldsburg</b>		Form(Cash,Check,etc) <b>check</b>										
Full Name of Contributor <b>Michael Sexton</b>						Registration Number, if PAC						
Street Address <b>9 Buttles Ave, Apt 414</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount			
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		<b>0</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>50.00</b>
Form(Cash,Check,etc) <b>check</b>												
Full Name of Contributor <b>Chet Chaney</b>						Registration Number, if PAC						
Street Address <b>8220 Markhaven</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount			
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43235</b>		<b>0</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>50.00</b>
Form(Cash,Check,etc) <b>check</b>												
Full Name of Contributor <b>Vance Nethers</b>						Registration Number, if PAC						
Street Address <b>1500 Marvin Dr</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount			
City <b>Reynoldsburg</b>		State <b>O   H</b>		Zip Code <b>43068</b>		<b>0</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>20.00</b>
Form(Cash,Check,etc) <b>cash</b>												
Full Name of Contributor <b>Cathy Dickson</b>						Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount			
City		State		Zip Code		<b>0</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>20.00</b>
Form(Cash,Check,etc) <b>cash</b>												
Full Name of Contributor <b>Sherdina Fraley</b>						Registration Number, if PAC						
Street Address <b>1237 Kelburn Rd</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount			
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43227</b>		<b>0</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>20.00</b>
Form(Cash,Check,etc) <b>check</b>												
Full Name of Contributor <b>Michael Wihl</b>						Registration Number, if PAC						
Street Address <b>66 S Grant Ave, Apt 3</b>				Employer/Occupation/Labor Organization*		M	D	Y	Amount			
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		<b>0</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>20.00</b>
Form(Cash,Check,etc) <b>check</b>												

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.  
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event  
240.00

Total expenditures this event

Page Total \$ 200.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>					
Full Name of Contributor <b>Lynn Counts</b>			Registration Number, if PAC		
Street Address <b>1060 Kingsbury Pl</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
<b>Columbus</b>		<b>O   H 43209</b>		<b>0   6   1   5   0   6</b>	<b>20.00</b>
Form(Cash,Check,etc) <b>check</b>					
Full Name of Contributor <b>Ira Sully</b>			Registration Number, if PAC		
Street Address <b>844 S. Front Street</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
<b>Columbus</b>		<b>O   H 43206</b>		<b>0   6   1   5   0   6</b>	<b>20.00</b>
Form(Cash,Check,etc) <b>check</b>					
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State   Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State   Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State   Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State   Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State   Zip Code		Form(Cash,Check,etc)	

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**240.00**

Total expenditures this event

Page Total \$ **40.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC	
Jay Perez for Judge Committee			
Full Name of Contributor Christina Chambers		Registration Number, if PAC	
Street Address 4482	Employer/Occupation/Labor Organization*	M   D   Y 0   8   2   9   0   6	Amount 20.00
City Whitehall	State   Zip Code O   H   43213	Form(Cash,Check,etc) check	
Full Name of Contributor B.L. Tyson		Registration Number, if PAC	
Street Address 306 Dunbarton Rd		M   D   Y 0   8   2   9   0   6	Amount 20.00
City Gahanna	State   Zip Code O   H   43230	Form(Cash,Check,etc) check	
Full Name of Contributor Fran Dennis		Registration Number, if PAC	
Street Address 8305 Reynoldswood Dr.		M   D   Y 0   8   2   9   0   6	Amount 20.00
City Reynoldsburg	State   Zip Code O   H   43206	Form(Cash,Check,etc) check	
Full Name of Contributor Jennifer Alwood		Registration Number, if PAC	
Street Address 5780 Buck Run Dr.		M   D   Y 0   8   2   9   0   6	Amount 30.00
City Columbus	State   Zip Code O   H   43213	Form(Cash,Check,etc) check	
Full Name of Contributor Vance Nethers		Registration Number, if PAC	
Street Address 1500 Marvin Dr.		M   D   Y 0   8   2   9   0   6	Amount 20.00
City Columbus	State   Zip Code O   H   43068	Form(Cash,Check,etc) cash	
Full Name of Contributor Glen Rhondo		Registration Number, if PAC	
Street Address 515 City Park		M   D   Y 0   8   2   9   0   6	Amount 20.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) cash	
Full Name of Contributor Beth Livesay		Registration Number, if PAC	
Street Address 2935 Zareba Dr.		M   D   Y 0   8   2   9   0   6	Amount 20.00
City Columbus	State   Zip Code O   H   43207	Form(Cash,Check,etc) cash	

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

190.00

Total expenditures this event

132.95

Page Total \$ 150.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>					
Full Name of Contributor <b>Kim Ross</b>				Registration Number, if PAC	
Street Address <b>10123 Licking Trails</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Thornsville</b>		State <b>O   H</b>	Zip Code <b>43076</b>	<b>0   8   2   9   0   6</b>	<b>20.00</b>
Form(Cash,Check,etc) <b>cash</b>					
Full Name of Contributor <b>Donn Ogilvie</b>					
Street Address <b>14620 Clark State Rd</b>				Registration Number, if PAC	
City <b>Pataskala</b>		State <b>O   H</b>	Zip Code <b>43206</b>	M   D   Y	Amount
				<b>0   8   2   9   0   6</b>	<b>20.00</b>
Form(Cash,Check,etc) <b>cash</b>					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M   D   Y	Amount
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M   D   Y	Amount
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M   D   Y	Amount
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M   D   Y	Amount
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M   D   Y	Amount
Form(Cash,Check,etc)					

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event  
190.00

Total expenditures this event  
132.95

Page Total \$ 40.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Jay Perez for Judge Committee							
Full Name of Contributor Warren Rhodes				Registration Number, if PAC			
Street Address 7775 Featherleaf Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	11	06
City Reynoldsburg		State O   H	Zip Code 43068	Form(Cash,Check,etc) cash			
						22.00	
Full Name of Contributor Bruce Dooley				Registration Number, if PAC			
Street Address 252 W. 5th Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	11	06
City Columbus		State O   H	Zip Code 43201	Form(Cash,Check,etc) check			
						250.00	
Full Name of Contributor James Thomas				Registration Number, if PAC			
Street Address 5 E Long St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	11	06
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) check			
						25.00	
Full Name of Contributor Jay Blazek				Registration Number, if PAC			
Street Address 2693 Folkstone Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	11	06
City Columbus		State O   H	Zip Code 43221	Form(Cash,Check,etc) check			
						150.00	
Full Name of Contributor William Hambrick				Registration Number, if PAC			
Street Address PO Box 15872		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	11	06
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) check			
						50.00	
Full Name of Contributor Paul Lee				Registration Number, if PAC			
Street Address 920 Bryden Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	11	06
City Columbus		State O   H	Zip Code 43205	Form(Cash,Check,etc) cash			
						50.00	
Full Name of Contributor Russ Goodwin				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	11	06
City Columbus		State O   H	Zip Code	Form(Cash,Check,etc) cash			
						30.00	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

577.00
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Total expenditures this event

0.00
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Page Total \$ 577.00
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# 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>Scott Norris / Airwaves Inc.</b>				M	D	Y	Amount
				0	6	1	6
				0	6	0	6
Address <b>7787 Graphics Way</b>				Purpose <b>t-shirts</b>			
City <b>Lewis Center</b>		State <b>O</b>	H	Zip Code	Check Number <b>999993</b>		
To Whom Paid <b>Small Dog Printing Inc.</b>				M	D	Y	Amount
				0	7	0	6
				0	6	0	6
Address <b>3972 Brown Park Drive Ste E</b>		Purpose <b>printing</b>		Check Number <b>999996</b>			
City <b>Hilliard</b>		State <b>O</b>	H	Zip Code <b>43026</b>	Check Number <b>999996</b>		
To Whom Paid <b>Reynoldsburg Tomato Festival</b>				M	D	Y	Amount
				0	8	1	7
				0	6	0	6
Address <b>6448 Red Fox Ct.</b>		Purpose <b>parade entrance fee</b>		Check Number <b>999998</b>			
City <b>Reynoldsburg</b>		State <b>O</b>	H	Zip Code <b>43068</b>	Check Number <b>999998</b>		
To Whom Paid <b>Richard Blake</b>				M	D	Y	Amount
				0	8	1	7
				0	6	0	6
Address		Purpose <b>reimbursement for expenses</b>		Check Number <b>999999</b>			
City		State	H	Zip Code	Check Number <b>999999</b>		
To Whom Paid <b>Central Ohio Bag &amp; Burlap</b>				M	D	Y	Amount
				1	0	0	2
				0	6	0	6
Address <b>1000 E 5th Ave</b>		Purpose <b>poly bags</b>		Check Number <b>debit card</b>			
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43201</b>	Check Number <b>debit card</b>		
To Whom Paid <b>Central Ohio Bag &amp; Burlap</b>				M	D	Y	Amount
				1	0	1	6
				0	6	0	6
Address <b>1000 E 5th Ave</b>		Purpose <b>poly bags</b>		Check Number <b>debit card</b>			
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43201</b>	Check Number <b>debit card</b>		
To Whom Paid <b>Form 31-F</b>				M	D	Y	Amount
Address		Purpose		Check Number			
City		State	H	Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose		Check Number			
City		State	H	Zip Code	Check Number		

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Jay Perez for Judge Committee							
To Whom Paid				M	D	Y	Amount
Giant Eagle				0	8	2   9	132.95
Address		Purpose					
1451 W Fifth Ave		drinks					
City		State	Zip Code	Check Number			
Columbus		O   H		debit			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Jay Perez for Judge Committee</b>				
Full Name of Contributor <b>William Brundige</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>1199 W First Ave</b>		Description of Item or Service <b>food</b>		M   D   Y   Fair Market Value <b>0   9   1   1   0   6   250.00</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43212</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Paul Panzera</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>1565 Fifth Ave</b>		Description of Item or Service <b>food</b>		M   D   Y   Fair Market Value <b>0   8   2   9   0   6   75.00</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43212</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Jay Perez for Judge Committee</b>												
From Whom Received <b>Jay Perez</b>							Prior Amount <b>2,545.00</b>		Amt. Incurred this Period <b>0.00</b>			
Address <b>1655 Gables Court</b>									Outstanding Balance <b>2,545.00</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
030306												
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 2,545.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 2,545.00 (To Form No. 30-A)

# 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			Amt. Incurred this Period <b>3,454.78</b>	
Address <b>1655 Gables Court</b>					Item or Purpose for Debt <b>yard signs</b>			Outstanding Balance <b>3,454.78</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	\$	
<b>0   8   2   8   0   6</b>									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed <b>Jay Perez</b>					Prior Amount			Amt. Incurred this Period <b>556.17</b>	
Address <b>1655 Gables Court</b>					Item or Purpose for Debt <b>printing</b>			Outstanding Balance <b>556.17</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	\$	
<b>0   7   1   8   0   6</b>									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed <b>Jay Perez</b>					Prior Amount			Amt. Incurred this Period <b>2,000.00</b>	
Address <b>1655 Gables Court</b>					Item or Purpose for Debt <b>production</b>			Outstanding Balance <b>2,000.00</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	\$	
<b>0   8   3   0   0   6</b>									
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 \$ 6,010.95 (also record on cover page)

# 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			Amt. Incurred this Period <b>6,375.11</b>	
Address <b>1655 Gables Court</b>					Item or Purpose for Debt <b>printing</b>			Outstanding Balance <b>6,375.11</b>	
City <b>Columbus</b>			State <b>O H</b>	Zip Code <b>43235</b>		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
<b>0 9 0 8 0 6</b>									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed <b>Jay Perez</b>					Prior Amount			Amt. Incurred this Period <b>9,000.00</b>	
Address <b>1655 Gables Court</b>					Item or Purpose for Debt <b>postage</b>			Outstanding Balance <b>9,000.00</b>	
City <b>Columbus</b>			State <b>O H</b>	Zip Code <b>43235</b>		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
<b>0 9 0 8 0 6</b>									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed <b>Jay Perez</b>					Prior Amount			Amt. Incurred this Period <b>22,000.00</b>	
Address <b>1655 Gables Court</b>					Item or Purpose for Debt <b>billboards</b>			Outstanding Balance <b>22,000.00</b>	
City <b>Columbus</b>			State <b>O H</b>	Zip Code <b>43235</b>		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
<b>0 8 3 0 0 6</b>									
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 \$ 37,375.11 (also record on cover page)

# 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			Amt. Incurred this Period <b>600.00</b>	
Address <b>1655 Gables Court</b>					Item or Purpose for Debt <b>production</b>			Outstanding Balance <b>600.00</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	\$	
<b>0 9 2 2 0 6</b>									
Registration Number, if PAC					M	D	Y		
To Whom Owed <b>Jay Perez</b>					Prior Amount			Amt. Incurred this Period <b>1,800.00</b>	
Address <b>1655 Gables Court</b>					Item or Purpose for Debt <b>postage</b>			Outstanding Balance <b>1,800.00</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	\$	
<b>0 9 0 8 0 6</b>									
Registration Number, if PAC					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	\$	
Registration Number, if PAC					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 \$ 2,400.00 (also record on cover page)