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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARDS 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	<b>X</b>		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 <b>1 1</b>	D <b>0 8</b>	Y <b>0 5</b>

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	\$	1,053.86
2. Total monetary contributions (From Form No. 31-A)	\$	2,280.00
3. Total other income (From Form No. 31-A-2)	\$	500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,833.86
5. Total monetary expenditures (From Form No. 31-B)	\$	3,459.41
6. Balance on hand (line 4 minus line 5)	\$	374.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
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)	\$	500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	3,126.41
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, Treasurer**

*Layla Turback*  
Signature

**6-9-05**

Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Contribution pages 3

Expenditure pages 5

Other pages 4

Total pages 12

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Jay Perez for Judge Committee								Registration Number, if PAC		
Full Name of Contributor Lorant Ipacs						Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check		
Street Address 34 Lookout Lane			State O   H		Zip Code 43062		M 0   4	D 1   8	Y 0   5	Amount 100.00
Full Name of Contributor Clifford Lanthorn						Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check		
Street Address 646 Covered Bridge Dr.			State O   H		Zip Code 43015		M 0   4	D 2   0	Y 0   5	Amount 100.00
Full Name of Contributor William Lamkin						Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check		
Street Address 500 S. Front St, Ste 200			State O   H		Zip Code 43215		M 0   4	D 2   0	Y 0   5	Amount 300.00
Full Name of Contributor Contributions from Form 31-E						Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check		
Street Address			State		Zip Code		M 0   4	D 2   0	Y 0   5	Amount 750.00
Full Name of Contributor William Mann						Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check		
Street Address 580 S. High St, Ste 200			State O   H		Zip Code 43215		M 0   4	D 2   2	Y 0   5	Amount 100.00
Full Name of Contributor Contributions from Form 31-E						Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check		
Street Address			State		Zip Code		M 0   5	D 1   1	Y 0   5	Amount 930.00
Full Name of Contributor						Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
Street Address			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
Street Address			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 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>Paula Brown</b>			Registration Number, if PAC			
Street Address <b>4634 Kingston Ct.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43220</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>
			Form(Cash,Check,etc) <b>check</b>		<b>250.00</b>	
Full Name of Contributor <b>Bruce Dooley</b>			Registration Number, if PAC			
Street Address <b>252 W. 5th Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43201</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>
			Form(Cash,Check,etc) <b>check</b>		<b>250.00</b>	
Full Name of Contributor <b>Jeffrey Mackey</b>			Registration Number, if PAC			
Street Address <b>1549 Melrose Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43224</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>
			Form(Cash,Check,etc) <b>check</b>		<b>250.00</b>	
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				

\* 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  
750.00

Total expenditures this event  
348.81

Page Total \$ 750.00

## 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>Ghassan Shihab</b>			Registration Number, if PAC			
Street Address <b>6618 Traquair Place</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43016</b>	<b>0</b>	<b>5</b>	<b>11</b>	<b>05</b>
			Form(Cash,Check,etc) <b>check</b>			<b>500.00</b>
Full Name of Contributor <b>Michael Thomas</b>			Registration Number, if PAC			
Street Address <b>2857 Canterbury Lane</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	<b>0</b>	<b>5</b>	<b>11</b>	<b>05</b>
			Form(Cash,Check,etc) <b>check</b>			<b>50.00</b>
Full Name of Contributor <b>James Thomas</b>			Registration Number, if PAC			
Street Address <b>5 E Long St, Ste 1209</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>5</b>	<b>11</b>	<b>05</b>
			Form(Cash,Check,etc) <b>check</b>			<b>30.00</b>
Full Name of Contributor <b>Joseph Mas</b>			Registration Number, if PAC			
Street Address <b>206 Hiawatha Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>	<b>0</b>	<b>5</b>	<b>11</b>	<b>05</b>
			Form(Cash,Check,etc) <b>check</b>			<b>100.00</b>
Full Name of Contributor <b>G. Timothy Schwenk</b>			Registration Number, if PAC			
Street Address <b>9009 Rivers End Dr.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	<b>0</b>	<b>5</b>	<b>11</b>	<b>05</b>
			Form(Cash,Check,etc) <b>check</b>			<b>250.00</b>
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				

\* 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  
930 00

Total expenditures this event  
648 38

Page Total \$ 930.00

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Jay Perez for Judge Committee				Registration Number, if PAC			
Full Name Jay Perez				M   D   Y   Amount			
Address 614 Belvidere Ave		Type* L   N		0   5   0   6   0   5		500.00	
City Columbus		State O   H		Zip Code 43223		Form(Cash,Check,etc) check	
Full Name				Registration Number, if PAC			
Address				M   D   Y   Amount			
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address				M   D   Y   Amount			
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address				M   D   Y   Amount			
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address				M   D   Y   Amount			
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address				M   D   Y   Amount			
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address				M   D   Y   Amount			
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address				M   D   Y   Amount			
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address				M   D   Y   Amount			
City		State		Zip Code		Form(Cash,Check,etc)	

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.