

FILED

# Ohio Campaign Finance Report

05 APR 21 PM 2:47

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
OFFICE 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)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	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 8 0 5

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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	3,339.02
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,339.02
5. Total monetary expenditures (From Form No. 31-B)	\$	2,285.16
6. Balance on hand (line 4 minus line 5)	\$	1,053.86
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)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	3,484.61
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**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

*Layla Turback*

4-20-05

Date

Contribution pages <u>6</u>
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Expenditure pages <u>6</u>
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Other pages <u>2</u>
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Total pages <u>14</u>
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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>							
Full Name of Contributor <b>Layla Turback</b>					Registration Number, if PAC		
Street Address <b>562 Belvidere 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>43223</b>	M <b>0</b>	D <b>1</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Aaron Rsoenfeld</b>					Registration Number, if PAC		
Street Address <b>2780 Elm 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>43209</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Rebecca Miller</b>					Registration Number, if PAC		
Street Address <b>2508 Canterbury 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>43221</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Jack D'Aurora</b>					Registration Number, if PAC		
Street Address <b>50 W Broad St, Ste 1200</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</b>	D <b>3</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Cynthia Frazier-Keller</b>					Registration Number, if PAC		
Street Address <b>1253 Wexford Green</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Hillard Abroms</b>					Registration Number, if PAC		
Street Address <b>753 S. Front 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>43206</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Michael Johrendt</b>					Registration Number, if PAC		
Street Address <b>24 E Gay 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</b>	D <b>3</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Yuliya Turback</b>					Registration Number, if PAC		
Street Address <b>373 Enfield Falls Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Ithaca</b>	State <b>N   Y</b>	Zip Code <b>14850</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>150.00</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>Lawrence Abramson</b>					Registration Number, if PAC		
Street Address <b>2511 Bryden 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>0   3</b>	D <b>0   7</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Timothy Boone</b>					Registration Number, if PAC		
Street Address <b>1349 E. Broad 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>43205</b>	M <b>0   3</b>	D <b>0   9</b>	Y <b>0   5</b>	Amount <b>50.00</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 <b>0   3</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Frances Amato</b>					Registration Number, if PAC		
Street Address <b>723 Ave "M"</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Brooklyn</b>	State <b>N   Y</b>	Zip Code <b>11230</b>	M <b>0   3</b>	D <b>1   8</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Mark Serrott</b>					Registration Number, if PAC		
Street Address <b>789 Northwest Blvd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>	M <b>0   3</b>	D <b>1   8</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Geralyn Hoffman</b>					Registration Number, if PAC		
Street Address <b>2389 Collins Dr.</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>0   3</b>	D <b>1   8</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Marlowe Turback</b>					Registration Number, if PAC		
Street Address <b>1531 6th St, Apt. 502</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Santa Monica</b>	State <b>C   A</b>	Zip Code <b>90401</b>	M <b>0   3</b>	D <b>2   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Sallynda Rothchild Dennison</b>					Registration Number, if PAC		
Street Address <b>500 S. Front St, Ste 102</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   3</b>	D <b>2   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	

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Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge</b>							
Full Name of Contributor <b>Allen Reis</b>					Registration Number, if PAC		
Street Address <b>3250 Knoll Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Marsha Pond</b>					Registration Number, if PAC		
Street Address <b>1685 Trumansburg Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Ithaca</b>	State <b>N   Y</b>	Zip Code <b>14850</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Debra Amato</b>					Registration Number, if PAC		
Street Address <b>117 Congress St.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Brooklyn</b>	State <b>N   Y</b>	Zip Code <b>11201</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Robert Eunice</b>					Registration Number, if PAC		
Street Address <b>1111 Twilight Dr.</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</b>	D <b>4</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>739.02</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>650.00</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	

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