

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 MBNA America						M	D	Y	Amount			
						0	5	1	1	0	5	397.38
Address PO Box 15286				Purpose Due Amici; 67 E Gay St, Col. OH - food, drinks								
City Wilmington				State D E		Zip Code 19886		Check Number 1031				
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		
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.