

## 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 <b>0</b>	D <b>5</b>	Y <b>1105</b>	Amount <b>500.00</b>
City <b>Dublin</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43016</b>	Form(Cash,Check,etc) <b>check</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 <b>0</b>	D <b>5</b>	Y <b>1105</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>check</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 <b>0</b>	D <b>5</b>	Y <b>1105</b>	Amount <b>30.00</b>
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</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 <b>0</b>	D <b>5</b>	Y <b>1105</b>	Amount <b>100.00</b>
City <b>Westerville</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>check</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 <b>0</b>	D <b>5</b>	Y <b>1105</b>	Amount <b>250.00</b>
City <b>Powell</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43065</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)			

\* 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