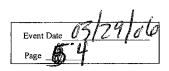
31-E R.C. 3517.10(B)

## Statement of Contributions Received at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/05

		····	
Name of Committee in Full ) and Perez for Judge Committee			
Full Name of Contributor		107711000	Registration Number, if PAC
Michael Burns	In 1 10		M D Y Amount
Street Address 484 (Vestview Rd	Employer/Occupat	tion/Labor Organization*	032906 15.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43202	Registration Number, if PAC
Leeann Marshall			Togotham various, 1777
Street Address FIO Swand Aul	Employer/Occupat	ion/Labor Organization*	032906 Amount 100,00
City A //	Sta te	Zip Code;	Form (Cash, Check, etc.)
HUM	ОН	93500	Registration Number, if PAC
Full Name of Contributor  A A T MA F T MA S			Registration Number, if PAC
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
City 5073 Buffalo Run	Sta te	Zip Code/	03290 440.00 Form (Cash, Check, etc.)
Maketerville	OH	43081	Check
Full Name of Contributor	<u> </u>		Registration Number, if PAC
Street Address		ion/Labor Organization*	M D Y Amount
518 ETUWN ANY	2	-	03290687.00
City Calumbus	Sta te OH	Zip Codg 3215	Form (Cash, Cherk, etc.)
Full Name of Contributor  Registration Number, if PAC  OSEM MuS			
Street Address	Employer/Occupati	ion/Labor Organization*	U 32906 200.00
City // NOCTONVILLA	Stal te OH	Zip Godf 3081	Form (Cash, Check, etc.)
Full Name of Contributor	1		Registration Number, if PAC
Street Address Ameda Winlam			M Amount
1813 Quarry Ric	Employer/Occupan	on/Labor Organization*	030 104 10.00
city Calumbus	State OH	Zip Code 43232	Form (Cash, Chegk, etc.)
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Street Address Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount
3343 Winterlane Ph			042900 15.00
city Calumbus	Stal te OH	Zip Code 13232	Form (Cash, Check, etc.)
		4.4	

\* 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 40.00