

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Jay Perez for Judge Committee			
Full Name of Contributor		Registration Number, if PAC	
Michael Burns			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
484 Crestview Rd		0	32906 15.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	check
Full Name of Contributor		Registration Number, if PAC	
Leeann Marshall			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
710 Seward Ave		0	32906 100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	43320	check
Full Name of Contributor		Registration Number, if PAC	
Lozant Epps			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
5073 Buffalo Run		0	32906 40.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor		Registration Number, if PAC	
Richard Williams			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
518 ETOWN AVE		0	32906 87.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor		Registration Number, if PAC	
Joseph Mas			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
206 Hiawatha Ave		0	32906 200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor		Registration Number, if PAC	
Ameda Winland			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1813 Quarry Ridge		0	32906 10.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43232	cash
Full Name of Contributor		Registration Number, if PAC	
Tammy Jenkins			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3363 Wintedane PK		0	32906 15.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43232	CASH

* 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
017

Total expenditures this event.

\$0.00

467.00
Page Total \$ 0.00