,	31-A-2			
	R.C. 3517.10(B)			

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Jay Perez for Judge Committee			
Full Name	-·- <u></u>		Registration Number, if PAC
Jay Perez			
Address	Type*		M D Y Amount 1 0 2 6 0 5 \$815.00
1655 Gables Ct	LN State	Zip Code	1 0 2 6 0 5 \$815.00 Form (Cash, Check, etc.)
City Columbus	OH	43235	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	7:-0-1	Francisco (Carlo Charlo et a)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>	W. 1	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE .	7. 0.1.	
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	On		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			5
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
A WILL Y - WILLY			Total Control of the
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

815.00

Page Total \$

Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.