

Event Date	<u>3/30/05</u>
Page	<u>11</u>

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 Zola Dining Lounge						M	D	Y	Amount	
						0	3	3	005	342.00
Address 782 N. High Street			Purpose food, drinks							
City Columbus			State O	H	Zip Code 43215	Check Number 1001				
To Whom Paid MBNA America						M	D	Y	Amount	
						0	3	3	005	43.12
Address PO Box 15019			Purpose Staples: 1747 Olentangy River Rd (name lables, markers)							
City Wilmington			State D	E	Zip Code 19850	Check Number 1012				
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.

Page Total \$ <u>385.12</u>
