

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Jay Perez for Judge Committee									
Full Name Jay Perez						Registration Number, if PAC			
Address 614 Belvidere Ave			Type* L N		M D Y 0 5 0 6 0 5			Amount 500.00	
City Columbus			State O H		Zip Code 43223		Form(Cash,Check,etc) check		
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code		Form(Cash,Check,etc)		

* 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, place the letters 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.

Page Total \$ 500.00