Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee _Jay Perez for Judge Committee_

From Whom Received _Jay Perez_	Prior Amount	Amt. Incurred this Period 2545.00
Address _1655 Gables Ct_		Outstanding Balance

City _Columbus_	State OH	Zip Code _43235_	Loans Received This Period		Payments This Period	

	M	D	Y	Loans Received This Period Date / Amount	Payments This Period Date / Amount
Date Loan was originally Incurred				M 0 D 5 0 Y 3 0 6	$ 1000.00	M D Y	$
Registration Number, if PAC				M 0 3 D 2 8 0 Y 6	$ 1000.00	M D Y	
Employer/Occupation/Labor Organization*				M 0 4 D 2 50 Y 6	$ 545.00	M D Y	

From Whom Received	Prior Amount	Amt. Incurred this Period
Address		Outstanding Balance

City	State OH	Zip Code	Loans Received This Period		Payments This Period	

	M	D	Y	M D Y $	M D Y $
Date Loan was originally Incurred					
Registration Number, if PAC				M D Y	M D Y
Employer/Occupation/Labor Organization*				M D Y	M D Y

From Whom Received	Prior Amount	Amt. Incurred this Period
Address		Outstanding Balance

City	State OH	Zip Code	Loans Received This Period		Payments This Period	

	M	D	Y	M D Y $	M D Y $
Date Loan was originally Incurred					
Registration Number, if PAC				M D Y	M D Y
Employer/Occupation/Labor Organization*				M D Y	M D Y

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

[1] Total prior amount $ __$0.00__

[2] Total received this period $ __2545.00__ (To Form No. 31-A-2)

[3] Total payments this period $ __$0.00__ (To Form No. 31-B)

[4] Total Outstanding Balance $ __2545.00__ (To Form No. 30-A)