31-E R.C. 3517.10(B)

Event Date	04-20-05
Page	3

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 02/01						
Name of Committee in Full								
Jay Perez for Judge Committee	2		la i					
Full Name of Contributor				Registration Number, if PAC				
Paula Brown	F 1 /0	· · · · · · · · · · · · · · · · · · ·	М	Т 5	1 1/	1.		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*		D	Y	Amount	250.00	
4634 Kingston Ct.	0.1	[a: 0.1	0 4			)	250.00	
Colombus	State	Zip Code	Form(C	ash,Chec				
Columbus Full Name of Contributor	ОН	43220		chec				
	,		Registr	ation Nur	nber, if P	AC		
Bruce Dooley Street Address	E 1. /6	d nate O seriestes	М	т	1	T		
	Employer/Occi	Employer/Occupation/Labor Organization*		D	Y	Amount	250.00	
252 W. 5th Ave	C( )	7: 0 1	0 4	2 0			250.00	
Columbus	State	Zip Code	Form(C					
Columbus Full Name of Contributor	ОН	43201		chec				
			Registra	ation Nur	nber, if P	AC		
Jeffrey Mackey				1 =	1			
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	250.00	
1549 Melrose Ave		Tay of		2 0		· .	250.00	
City	State	Zip Code	Form(C	ash,Chec				
Columbus	O H	43224		chec				
Full Name of Contributor			Registra	tion Nur	nber, if P	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
						1		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	tion Nur	nber, if P	AĈ		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	tion Nun	nber, if P	AC		
Street Address	[F1(O	nation // about Organization *	М	T .	Ιν	Tamanina .		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
C.L.	State	7. 0.1.	- T(C	1 61	1			
City	State	Zip Code	romic	ash,Chec	K,etc)			
Full Name of Contributor			Doolotoo	diam Nimo	:cn	4.0		
Full Name of Contributor			Kegistra	tion Nun	nber, II P.	AC		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		
	•							
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
	<del></del>				*****			
* Dequired for contributions from individuals over \$100 to	atatawida and coment against		-161		مادمت سماد			

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	Total expenditures this event	
		Page Total \$750.00
750.00	348.81	

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 appear. [R.C. 3517.10(B)(4)]