

Event Date 04-20-05

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

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>					
Full Name of Contributor <b>Paula Brown</b>				Registration Number, if PAC	
Street Address <b>4634 Kingston Ct.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   0   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Bruce Dooley</b>				Registration Number, if PAC	
Street Address <b>252 W. 5th Ave</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   0   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43201</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Jeffrey Mackey</b>				Registration Number, if PAC	
Street Address <b>1549 Melrose Ave</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   0   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43224</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. [R.C. 3517.10(B)(4)]

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

750.00

Total expenditures this event

348.81

Page Total \$ 750.00