

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 Due Amici				M 0	D 4	Y 2	Amount 348.81
Address 67 E Gay Street		Purpose food, drinks					
City Columbus		State O	H H	Zip Code 43215	Check Number 1025		
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		
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.