

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Jay Perez for Judge Committee					
Full Name of Contributor Mark Essary				Registration Number, if PAC	
Street Address 1500 Marvin Dr	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Reynoldsburg	State O	Zip Code 43068	Amount 20.00	Form(Cash,Check,etc) check	
Full Name of Contributor Michael Sexton				Registration Number, if PAC	
Street Address 9 Buttles Ave, Apt 414	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Chet Chaney				Registration Number, if PAC	
Street Address 8220 Markhaven	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43235	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Vance Nethers				Registration Number, if PAC	
Street Address 1500 Marvin Dr	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Reynoldsburg	State O	Zip Code 43068	Amount 20.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Cathy Dickson				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City	State	Zip Code	Amount 20.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Sherdina Fraley				Registration Number, if PAC	
Street Address 1237 Kelburn Rd	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43227	Amount 20.00	Form(Cash,Check,etc) check	
Full Name of Contributor Michael Wihl				Registration Number, if PAC	
Street Address 66 S Grant Ave, Apt 3	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43215	Amount 20.00	Form(Cash,Check,etc) check	

* 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

240.00

Total expenditures this event

Page Total \$ **200.00**