

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Jay Perez for Judge Committee</i>				Registration Number, if PAC			
Full Name of Contributor <i>Ellen Mae Nae</i>				Registration Number, if PAC			
Street Address <i>128 N. Merkle Rd</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43209</i>	Form (Cash, Check, etc.) <i>Cash</i>		<i>5.00</i>	
Full Name of Contributor <i>Cary King</i>				Registration Number, if PAC			
Street Address <i>132 Sheffield Dr.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43230</i>	Form (Cash, Check, etc.) <i>Cash</i>		<i>5.00</i>	
Full Name of Contributor <i>03 Pasquarilello</i>				Registration Number, if PAC			
Street Address <i>2972 Neil Ave</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43202</i>	Form (Cash, Check, etc.) <i>Cash</i>		<i>5.00</i>	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	Zip Code	Form (Cash, Check, etc.)			

* 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)]

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

617.00
\$0.00

Total expenditures this event.

\$0.00

Page Total \$

13.00
\$0.00