

Event Date	06/15/06
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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>Lynn Counts</b>				Registration Number, if PAC	
Street Address <b>1060 Kingsbury Pl</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43209</b>	<b>0</b>	<b>6</b>	<b>1</b>
			<b>5</b>	<b>0</b>	<b>6</b>
			Form(Cash,Check,etc) <b>check</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Ira Sully</b>				Registration Number, if PAC	
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	<b>0</b>	<b>6</b>	<b>1</b>
			<b>5</b>	<b>0</b>	<b>6</b>
			Form(Cash,Check,etc) <b>check</b>		Amount <b>20.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash,Check,etc)		Amount

\* 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 \$ **40.00**