

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 Christina Chambers				Registration Number, if PAC	
Street Address 4482	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Whitehall	State O	Zip Code 43213	Amount 20.00	Form(Cash,Check,etc) check	
Full Name of Contributor B.L. Tyson				Registration Number, if PAC	
Street Address 306 Dunbarton Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Gahanna	State O	Zip Code 43230	Amount 20.00	Form(Cash,Check,etc) check	
Full Name of Contributor Fran Dennis				Registration Number, if PAC	
Street Address 8305 Reynoldswood Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Reynoldsburg	State O	Zip Code 43206	Amount 20.00	Form(Cash,Check,etc) check	
Full Name of Contributor Jennifer Alwood				Registration Number, if PAC	
Street Address 5780 Buck Run Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43213	Amount 30.00	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 8	Y 2
City Columbus	State O	Zip Code 43068	Amount 20.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Glen Rhondo				Registration Number, if PAC	
Street Address 515 City Park	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43215	Amount 20.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Beth Livesay				Registration Number, if PAC	
Street Address 2935 Zareba Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43207	Amount 20.00	Form(Cash,Check,etc) cash	

* 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

190.00

Total expenditures this event

132.95

Page Total \$ **150.00**