

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 Warren Rhodes				Registration Number, if PAC	
Street Address 7775 Featherleaf Ct	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1106
City Reynoldsburg	State O	Zip Code H 43068	Form(Cash,Check,etc) cash		Amount 22.00
Full Name of Contributor Bruce Dooley				Registration Number, if PAC	
Street Address 252 W. 5th Ave	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1106
City Columbus	State O	Zip Code H 43201	Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor James Thomas				Registration Number, if PAC	
Street Address 5 E Long St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1106
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Jay Blazek				Registration Number, if PAC	
Street Address 2693 Folkstone Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1106
City Columbus	State O	Zip Code H 43221	Form(Cash,Check,etc) check		Amount 150.00
Full Name of Contributor William Hambrick				Registration Number, if PAC	
Street Address PO Box 15872	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1106
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Paul Lee				Registration Number, if PAC	
Street Address 920 Bryden Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1106
City Columbus	State O	Zip Code H 43205	Form(Cash,Check,etc) cash		Amount 50.00
Full Name of Contributor Russ Goodwin				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1106
City Columbus	State O	Zip Code H	Form(Cash,Check,etc) cash		Amount 30.00

* 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

577.00

Total expenditures this event

0.00

Page Total \$ 577.00