

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Jay Perez for Judge Commit	ttee			
To Whom Paid			M D Y	Amount
Expenditures from Form 31-F			0 5 1 1 0 5	
Address	Purpose	iser 05-11-05		
City	State	Zip Code	Check Number	
To Whom Paid		······································	M D Y	Amount
Address	Purpose			<u> </u>
City	State	Zip Code	Check Number	
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			<u> </u>
City	State	Zip Code	Check Number	
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City	State	Zip Code	Check Number	
To Whom Paid	- In the second		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose	Purpose		
City	State	Zip Code	Check Number	

Page Total \$	115,01
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