31-E
R.C. 3517.10(B)

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			Registration Number, if PAC				
William Catalano							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
580 S. High St.			0 3	3 1	0 5		250.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43215	check				

Full Name of Contributor			Registration Number, if PAC				
Aaron Rosenfeld							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2780 Elm Ave			0 4	0 7	0 5		50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43209	check				

Full Name of Contributor			Registration Number, if PAC				
Ted Barrows							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4834 Sarasota Dr.			0 4	1 1	0 5		350.00
City	State	Zip Code	Form(Cash,Check,etc)				
Hilliard	O H	43026	check				

Full Name of Contributor			Registration Number, if PAC				

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	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	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	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	Zip Code	Form(Cash,Check,etc)				

* 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	Total expenditures this event	Page Total $
650.00	455.01	650.00