

Event Date

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# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							
To Whom Paid <b>MBNA America</b>				M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>309.20</b>
Address <b>PO Box 15019</b>		Purpose <b>glasses</b>					
City <b>Wilmington</b>		State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1027</b>		
To Whom Paid				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					
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					
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State		Zip Code	Check Number		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 309.20