

Event Date	03-30-05
Page	6

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 Jason Anderson				Registration Number, if PAC	
Street Address 2419 Home Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Delaware	State O H	Zip Code 43015	Form(Cash,Check,etc) cash		Amount 20.00
Full Name of Contributor Marco Aguado				Registration Number, if PAC	
Street Address 35 E Gay St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) cash		Amount 10.00
Full Name of Contributor Dean Hernandez				Registration Number, if PAC	
Street Address 605 Tansy Lane	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) cash		Amount 40.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

739.02

Total expenditures this event

385.12

Page Total \$ 70.00