

Event Date	08-29-06
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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 Kim Ross				Registration Number, if PAC	
Street Address 10123 Licking Trails	Employer/Occupation/Labor Organization*			M D Y 0 8 2 9 0 6	Amount 20.00
City Thornsville	State O H	Zip Code 43076		Form(Cash,Check,etc) cash	
Full Name of Contributor Donn Ogilvie				Registration Number, if PAC	
Street Address 14620 Clark State Rd	Employer/Occupation/Labor Organization*			M D Y 0 8 2 9 0 6	Amount 20.00
City Pataskala	State O H	Zip Code 43206		Form(Cash,Check,etc) cash	
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)	
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
190.00

Total expenditures this event
132.95

Page Total \$ **40.00**