31-C R.C. 3517.10

3 Total Payments this Period \$

4 Total Outstanding Balance \$

## **Statement of Loans Received**

Full Name of Committee			
Jay Perez for Judge Committee			
From Whom Received		Prior Amount	Amt. Incurred this Period
Jay Perez			500.0
Address			Outstanding Balance
1655 Gables Court			500.0
City State Zip Code	Loans Received This Period	•	ments This Period
Columbus O H 43235	Date Amount	Date	Amount
Sate call was suppliantly 22 M D Y	M D Y S	M D Y	s
Incurred 0 5 0 6 0	5 0 5 0 6 0 5 5	00.00	
Registration Number, if PAC	M D Y	M D Y	
Employer/Occupation/Labor Organization*	M D Y	M D Y	1
From Whom Received		Prior Amount	Amt. Incurred this Period
			Outstanding Balance
Address			J
City State Zip Code	Loans Received This Period	Pav	ments This Period
City State Zip Code	Date Amount	Date	Amount
Date Loan was originally M D Y	M D Y S	M D Y	s
Incurred	M		
Registration Number, if PAC	M D Y	M D Y	
	M D Y	M D Y	<del>                                     </del>
Employer/Occupation/Labor Organization*			
From Whom Received		Prior Amount	Amt. Incurred this Period
Address			Outstanding Balance
Audross			
City State Zip Code	Loans Received This Period	· ·	ments This Period
	Date Amount	Date	Amount
Date Loan was originally M D Y incurred	M D Y \$	M D Y	S
Registration Number, if PAC	M D Y	M D Y	
Registration Number, in FAC			i
Employer/Occupation/Labor Organization*	M D Y	M D Y	
Employer/Occupation/Datos Organization			
Employer/Occupation/Labor Organization*  * Required for contributions over \$100 to statewide and general assemif any, rather than employer should be listed. If two ormore employees	mbly candidates. If contributor is self-employed, occurs donate via payroll deduction and exceed the aggregation	pation and the name of the individual	s business,
the employees are members, if any, must appear. R.C. 3517.10(B)(4)  If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" sp.  Transfer total of all payments made in this period to the Statement of I	pace. Transfer total of all loans received this period to	the Statement of Other Income (Form	1 No. 31-A-2).
0.0	0		
1 Total prior amount \$ 0.0	<u>U</u>		

0.00 (also record on Form 31-B)

500.00 (To Form No. 30-A)