



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to elect George W. Leach Judge				
Full Name of Contributor Roy Gottlieb D.D.S.			Registration Number, if PAC	
Street Address P.O. Box 88		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 05/08/2017	Amount \$100.00
Full Name of Contributor Donald Good			Registration Number, if PAC	
Street Address 279 E.N. Broadway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 05/05/2017	Amount \$300.00
Full Name of Contributor Shu-ni Huang			Registration Number, if PAC	
Street Address 7236 James River Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 05/13/2017	Amount \$300.00
Full Name of Contributor Craig Carlisle			Registration Number, if PAC	
Street Address 364 Beechcroft Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Spring Hill	State TN	Zip Code 37174	Date (MM/DD/YYYY) 06/24/2017	Amount \$100.00
Full Name of Contributor THIS L.L.C. → Jason Despetorich, Despetorich Law Offices			Registration Number, if PAC	
Street Address 100 E. Main St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 07/20/2017	Amount \$200.00

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also appear. [R.C. 3517.10(B)(4)]