



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E

R.C. 3517.10(B)

Event Date 6-21-17

Full Name of Committee				
Committee to elect George W. Leach Judge				
Full Name of Contributor			Registration Number, if PAC	
Crysta Pennington				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
3055 Cleveland Ave.		06/21/2017	\$100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Columbus	OH	43224	Cash	
Full Name of Contributor			Registration Number, if PAC	
Karin Demaree				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
313 Highland Ave.		06/21/2017	\$100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Worthington	OH	43085	Square transaction / electronic	
Full Name of Contributor			Registration Number, if PAC	
Unknown / Anonymous				
We can't make out the name. May be "Crysta Hubert," but can't find that person. May be Herbert.				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
We have tried to identify this		06/21/2017	\$100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
person & contact info; but have been unable to do so.	OH		Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State	Zip Code	Form (Cash, Check, Etc)	
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State	Zip Code	Form (Cash, Check, Etc)	
	OH			

* 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)]

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
\$1,650.00

Total Expenditures This Event
\$341.88

Page Total \$ 1,650.00

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