



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

Form 31-E
R.C. 3517.10(B)

Event Date 10-4-17

Full Name of Committee Committee to elect George W. Leach Judge				
Full Name of Contributor Michael Wood, Michael Wood Trust			Registration Number, if PAC	
Street Address 629 S. Grant Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/2/2017	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, Etc) check	
Full Name of Contributor Christine Whitt			Registration Number, if PAC	
Street Address 7580 Stone Lake Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2017	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) check	
Full Name of Contributor THIS L.L.C. Jason Despetorich, Despetorich Law Offices, L.L.C.			Registration Number, if PAC	
Street Address 100 E. Main St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2017	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) check	
Full Name of Contributor Catherine White			Registration Number, if PAC	
Street Address 145 E. Livingston Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2017	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) check	
Full Name of Contributor Steven Colley			Registration Number, if PAC	
Street Address 832 S. Broadleigh Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2017	Amount \$200.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, Etc) check	

* 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
\$600.00

Total Expenditures This Event
\$0.00

Page Total \$ 600.00