



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

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

Event Date 5-24-17

Full Name of Committee <i>Committee to elect George W. Leach Judge</i>				
Full Name of Contributor <i>Sherry Fleury</i>			Registration Number, if PAC	
Street Address <i>6981 Post Preserve Blvd.</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>05/24/2017</i>	Amount <i>\$100.00</i>	
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>	Form (Cash, Check, Etc) <i>cash</i>	
Full Name of Contributor <i>Coleton Fleury</i>			Registration Number, if PAC	
Street Address <i>6981 Post Preserve Blvd.</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>05/24/2017</i>	Amount <i>\$100.00</i>	
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>	Form (Cash, Check, Etc) <i>cash</i>	
Full Name of Contributor <i>Marc Liu</i>			Registration Number, if PAC	
Street Address <i>6686 Parkmill Dr.</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>05/24/2017</i>	Amount <i>\$100.00</i>	
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>	Form (Cash, Check, Etc) <i>cash</i>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State <i>OH</i>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State <i>OH</i>	Zip Code	Form (Cash, Check, Etc)	

* 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

Total Expenditures This Event

Page Total \$

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