



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Committee to elect George W. Leach Judge							
From Whom Received George Leach Law Offices					Prior Amount \$0.00	Amt. Incurred this Period \$11,050.12	
Street Address 100 E. Main St.						Outstanding Balance \$11,050.12	
City Columbus	State OH	Zip Code 43215	Loans Received This Period		Payments Received This Period		
Date of Original Loan (MM/DD/YYYY) 04/7/2017			Date of Loan (MM/DD/YYYY) 04/7/2017	Amount \$1,050.12	Date of Payment (MM/DD/YYYY) N/A	Amount N/A	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY) 04/10/2017	Amount \$5,000.00	Date of Payment (MM/DD/YYYY) N/A	Amount N/A	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY) 09/18/2017	Amount 5,000.00	Date of Payment (MM/DD/YYYY) N/A	Amount N/A	
From Whom Received LKH Properties					Prior Amount \$0.00	Amt. Incurred this Period \$4,000.00	
Street Address 100 E. Main St.						Outstanding Balance \$4,000.00	
City Columbus	State OH	Zip Code 43215	Loans Received This Period		Payments Received This Period		
Date of Original Loan (MM/DD/YYYY) 07/21/2017			Date of Loan (MM/DD/YYYY) 07/21/2017	Amount \$2,000.00	Date of Payment (MM/DD/YYYY) N/A	Amount N/A	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY) 09/18/2017	Amount 2,000.00	Date of Payment (MM/DD/YYYY) N/A	Amount N/A	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY) N/A	Amount N/A	Date of Payment (MM/DD/YYYY) N/A	Amount N/A	

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 0.00

Total Received This Period \$ 15,050.12 Page 1 of 2
(also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 Page 1 of 2
(also record on Form 31-B)

Total Outstanding Balance \$ →
(also record on Form 30-A)