



**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 Committee to elect George Leach Judge				
Full Name of Contributor Marcus Van Wey L.L.C.			Registration Number, if PAC	
Street Address Ste. W 227 1550 Old Henderson Rd.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 05/24/2017	Amount \$200.00	
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, Etc) check	
Full Name of Contributor Kelley Boller			Registration Number, if PAC	
Street Address 1632 Shelley Ct.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 05/24/2017	Amount \$100.00	
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, Etc) check	
Full Name of Contributor David Glisson			Registration Number, if PAC	
Street Address 7 Alban Mews	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 05/24/2017	Amount \$100.00	
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Thomas Christopher Trang			Registration Number, if PAC	
Street Address 1299 Forsythe Ave.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 05/24/2017	Amount \$100.00	
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, Etc) check	
Full Name of Contributor THIS BUSINESS Catherine White, Atty. at Law			Registration Number, if PAC	
Street Address 145 E. Livingston Ave.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 05/24/2017	Amount \$100.00	
City Columbus	State OH	Zip Code 43215	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

Total Expenditures This Event

Page Total \$

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