

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

Form 31-E

Event Date 6-21-1	tront	Date	\p ~	U-1	1
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R.C. 3517.10(B)

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Full Name of Committee						
Committee to elect George Leach Judge Full Name of Contributor Registration Number, if PAC						
Full Name of Contributor			J	Registration Nur	nber, if PAC	
Hebert For Judge						
Street Address	Employer/O	ccupati	on/Labor Organization*	Date (MM/DD/Y	YYY)	Amount
865 Macon Alley				06/21	FIOS	\$100.00
City	Sta	ate	Zip Code	Form (Cash, Ch	eck, Etc	
Columbus	ОН	1	43204	check	<u>ٽ</u>	
Full Name of Contributor				Registration Nu	nber, if PAC	
Steven Colley			_			
Street Address	Employer/O	ccupati	ion/Labor Organization*	Date (MM/DD/Y	YYY)	Amount
832 S. Broodwigh Rd				06/21	F105	\$100.00
City	Sta	ate	Zip Code	Form (Cash, Ch		
Columbus	OH	1	43209	chec	K	
Full Name of Contributor				Registration Nu	mber, if PAC	
Kevey Boller Street Address						
Street Address	Employer/O	ccupati	ion/Labor Organization*	Date (MM/DD/Y	YYY)	Amount
1632 Shelley Ct.				15/20		\$100.00
City	Sta	ate	Zip Code	Form (Cash, Ch	eck, Etc	
(alumbus	OF	1	43235	chec	لحب	
			Registration Nu	mber, if PAC		
Christine Whitt						
Street Address	Employer/O	ccupat	ion/Labor Organization*	Date (MM/DD/Y	YYY)	Amount
7580 Stone Lake Dr.				06/21	12017	\$100.00
City		ate	Zip Code	Form (Cash, C	eck, Etc	
Dublin	OF	H	43016	check	د	
Full Name of Contributor		-		Registration Nu	mber, if PAC	
Orville Lynch						
Street Address	Employer/O	Occupat	ion/Labor Organization*	Date (MM/DD/Y	YYY)	Amount
1755. Third St. Ste 200				06/21	F105	\$100.00
City	St	ate	Zip Code	Form (Cash, Ch	eck, Etc	
Columbus	O	H	43215	cash	`	
* Required for contributions from individuals over \$100 to name of the individual's business, if any, rather than em	to statewide	and Ge ld be lis	eneral Assembly candida sted. If two or more empl	tes. If contributor	is self-employe	d, the occupation and the uction and exceed the

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 No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event

Total Expenditures T	his Event
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	Page Total \$	→	_
FO	7 le-21-1-	Page Zof (1

aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]