

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE					
Full Name of Contributor JOHN WEIS				Registration Number, if PAC	
Street Address 9664 WATERLOO EASTERN RD.		Employer/Occupation/Labor Organization*		M D Y 0 7 2 9 0 6	Amount 90.00
City CANAL WINCHESTER		State O H	Zip Code 43110	Form(Cash,Check,etc) CASH	
Full Name of Contributor JEFF GRABMEIER				Registration Number, if PAC	
Street Address 1470 WEST 7th AVE #C		Employer/Occupation/Labor Organization*		M D Y 0 7 2 9 0 6	Amount 40.00
City COLUMBUS		State O H	Zip Code 43212	Form(Cash,Check,etc) CASH	
Full Name of Contributor JEFF DICKEY				Registration Number, if PAC	
Street Address 47 BRANDON DR		Employer/Occupation/Labor Organization*		M D Y 0 7 2 9 0 6	Amount 50.00
City PATASKLA		State O H	Zip Code 43062	Form(Cash,Check,etc) CASH	
Full Name of Contributor TERI RUSLANDER				Registration Number, if PAC	
Street Address 1922 SUNRIDGE DR		Employer/Occupation/Labor Organization*		M D Y 0 7 2 9 0 6	Amount 80.00
City GROVE CITY		State O H	Zip Code 43123	Form(Cash,Check,etc) CASH	
Full Name of Contributor TOM DORRIS				Registration Number, if PAC	
Street Address 320 WEST PARK DR.		Employer/Occupation/Labor Organization*		M D Y 0 7 2 9 0 6	Amount 100.00
City GREENVILLE		State O H	Zip Code 45331	Form(Cash,Check,etc) CASH	
Full Name of Contributor CHARLIE HAW				Registration Number, if PAC	
Street Address 108 JAHN DR.		Employer/Occupation/Labor Organization*		M D Y 0 7 2 9 0 6	Amount 40.00
City GAHANNA		State O H	Zip Code 43230	Form(Cash,Check,etc) CASH	
Full Name of Contributor NORM LINK				Registration Number, if PAC	
Street Address 862 RIDENOUR RD.		Employer/Occupation/Labor Organization*		M D Y 0 7 2 9 0 6	Amount 20.00
City GAHANNA		State O H	Zip Code 43230	Form(Cash,Check,etc) CASH	

* 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 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 \$ 420.00