Event Date	07/29/06
Page	14

## Statement of Contributions Received at a Social or Fundraising Event

Name of Contribute in Full   TFIE COMMITTEE TO ELECT DORRIS FOR JUDGE		Prescribed by Se	cretary of State 3/05				
Full Name of Contributor   State   Zip Code   CASH   CAS							
Storet Address		IS FOR JUD	GE				
Seried Address				Registration Num	Registration Number, if PAC		
9664 WATERLOO EASTERN RD.   State   Zip Code   Form(Cash, Check, etc)   CASAL WINCHESTER   O   H   43110   CASEL							
State		Employer/Occupation/Labor Organization*		I I '			
CANAL WINCHESTER						90.00	
Fall Name of Countributor   Street Address   Employer/Occupation/Labor Organization*   M			1 *	, ,			
Street Address		O   H	43110			<del></del>	
Street Address				Registration Num	ber, if PAC		
1470 WEST 7th AVE #C				<u> </u>			
State   Zip Code   CASH   CA		Employer/Occupation/Labor Organization*		I I -		10.00	
COLUMBUS						40.00	
Registration Number, if PAC   State   Zip Code   Contributor   State   Zip Code   Contributor   Cash Check, etc)   Cash   Cash	l		•	` '			
Street Address		U   H	43212				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registration Num	ber, if PAC		
A7 BRANDON DR							
State		Employer/Occup	ation/Labor Organization*	1 1			
PATASKLA				<u> </u>		50.00	
Full Name of Contributor TERI RUSLANDER  Street Address GROVE CITY GROVET PARK DR.  Street Address GREENVILLE GREENVILLE GREENVILLE GAHANNA City GAHANNA City State City GAHANNA City State City State Cip Code State Cip Code State Cip Code State Cip Code City City State Cip Code City GREENVILLE Cip Code City City City City City City City City	<b>1</b> *		1 -	, ,			
TERI RUSLANDER   Employer/Occupation/Labor Organization*		TO H	43062				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registration Num	ber, if PAC		
1922 SUNRIDGE DR		In 1 (a	<del> </del>		I I. "		
City GROVE CITY O   H   43123		Employer/Occupation/Labor Organization*		-	I I	00.00	
CROVE CITY		<u> </u>	Ter o i			80.00	
Full Name of Contributor TOM DORRIS  Street Address Employer/Occupation/Labor Organization* $M$ D Y Amount $0 \mid 7 \mid 2 \mid 9 \mid 0 \mid 6$ 100.00  City State Zip Code Form(Cash, Check, etc) CASH  Full Name of Contributor CHARLIE HAW  Street Address Employer/Occupation/Labor Organization* $M$ D Y Amount $M$ D Y D Y Amount $M$ D Y D Y D Y D Y D Y D Y D Y D Y D Y D	1 '		I -				
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*		I I		100.00	
CASH		Gt-1-	Izi o i			100.00	
Full Name of Contributor CHARLIE HAW  Street Address Employer/Occupation/Labor Organization* M D Y Amount 108 JAHN DR.  City State Zip Code Form(Cash, Check, etc) CASH  Full Name of Contributor NORM LINK  Street Address Employer/Occupation/Labor Organization* M D Y Amount 43230  Full Name of Contributor NORM LINK  Street Address Employer/Occupation/Labor Organization* M D Y Amount D Y Amount D Y Amount D Y D Y Amount D Y D Y D Y D Y D Y D Y D Y D Y D Y D			1 -				
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108 JAHN DR.		Emmloyor/Occum	ation/Labor Organization#	- M - D			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*			l B	40.00	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		St-t-	Zin Codo			40.00	
Full Name of Contributor NORM LINK $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							
NORM LINK           Street Address         Employer/Occupation/Labor Organization*         M         D         Y         Amount           862 RIDENOUR RD.         0   7   2   9   0   6         20.00           City         State   Zip Code   Form(Cash, Check, etc)		ГОГП	43230				
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$				Registration Num	ber, ii PAC		
862 RIDENOUR RD.         0   7   2   9   0   6         20.00           City         State         Zip Code         Form(Cash, Check, etc)		Emmloyee/Occum	ation/Labor Oranination*	M	V		
City State Zip Code Form(Cash,Check,etc)		Employer/Occupation/Labor Organization*				20.00	
		Stata	Zin Code			20.00	
0/11/21/11/11   CA311			1 -	, ,			
	OMIAININA	10 111	43230	L CASI	T		

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

<sup>\*</sup> 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)]