

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 Deborah S. Jones				Registration Number, if PAC	
Street Address 722 Ronson Ave		Employer/Occupation/Labor Organization*		M	D
City Gahanna		State OH	Zip Code 43230	Y	Amount 50.00
				Form(Cash,Check,etc) Check 1262	
Full Name of Contributor Pam Temple					
Street Address 412 Brevoort Road		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 60.00
				Form(Cash,Check,etc) Check 1707	
Full Name of Contributor Marjorie J. Rizalvo					
Street Address 1252 EASTWOOD AVE		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43203	Y	Amount 50.00
				Form(Cash,Check,etc) Check 1222	
Full Name of Contributor Marjorie J. Rizalvo					
Street Address		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code	Y	Amount 10.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor Erin Ciraldo					
Street Address 481 Wyandotte Avenue		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43202	Y	Amount 25.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor Suzanne Bell					
Street Address 7372 Borad Street		Employer/Occupation/Labor Organization*		M	D
City Blacklick		State OH	Zip Code 43004	Y	Amount 50.00
				Form(Cash,Check,etc) Check 1740	
Full Name of Contributor Lisa Borelli					
Street Address 206 Olentangy Street		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43202	Y	Amount 25.00
				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 \$ 270.00