

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 PORTMAN, FOLEY & FLINT LLP **						Registration Number, if PAC	
Street Address 471 E. BROAD ST. SUITE 1820		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK#9975			
Full Name of Contributor ROURKE & BLUMENTHALL, LLP **						Registration Number, if PAC	
Street Address 495 S. HIGH STREET, SUITE 450		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK#9580			
Full Name of Contributor SAIA & PIAT, PLL **						Registration Number, if PAC	
Street Address 713 SOUTH HIGH STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	400.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK 7387			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash,Check,etc)			

* 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.

** DENOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE COMMON PLEAS COURT

Total contributions this event

1,227.00

Total expenditures this event

0.00

Page Total \$	500.00
---------------	--------