

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 Robert Cody				Registration Number, if PAC	
Street Address 3360 Tremont Road		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43221	Y	Amount 40.00
				Form(Cash,Check,etc) CHECK 6220	
Full Name of Contributor Randi Carnahan					
Street Address 332 COLONIAL AVE.		Employer/Occupation/Labor Organization*		M	D
City WORTHINGTON		State OH	Zip Code 43085	Y	Amount 50.00
				Form(Cash,Check,etc) CHECK 3610	
Full Name of Contributor Jerry Grier					
Street Address 5311 Woodglen Road		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 25.00
				Form(Cash,Check,etc) CHECK 1449	
Full Name of Contributor Carole Depaola					
Street Address 4944 Buck Thorn Lane		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43220	Y	Amount 25.00
				Form(Cash,Check,etc) CHECK 10272	
Full Name of Contributor Miriam Utter					
Street Address 194 Simsbury Drive		Employer/Occupation/Labor Organization*		M	D
City Worthington		State OH	Zip Code 43085	Y	Amount 40.00
				Form(Cash,Check,etc) CHECK 5798	
Full Name of Contributor MANFRED LUTTINGER					
Street Address 2326 BRANDON RD		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43221	Y	Amount 25.00
				Form(Cash,Check,etc) CHECK 6620	
Full Name of Contributor Cantherine Logsdon					
Street Address 175 W Weisheimer		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 25.00
				Form(Cash,Check,etc) CHECK 00007	

* 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

935.00

Total expenditures this event

Page Total \$ 230.00