

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE								
To Whom Paid VICTORY'S					M	D	Y	Amount
					0	3	2	5
					0	6		477.16
Address 543 SOUTH HIGH STREET				Purpose VENUE RENTAL				
City COLUMBUS				State O	H	Zip Code 43215		
				Check Number 1004				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code		
						Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code		
						Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code		
						Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code		
						Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code		
						Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code		
						Check Number		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.