

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 DIANE JENSEN				Registration Number, if PAC	
Street Address 5934 McIntyre Drive		Employer/Occupation/Labor Organization*		M	D
City Dublin		State OH	Zip Code 43016	Y	Amount 25.00
				Form(Cash,Check,etc) Check 1703	
Full Name of Contributor Anne Price					
Street Address 159 East Pacement		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 25.00
				Form(Cash,Check,etc) Check 2986	
Full Name of Contributor Sadie Michael					
Street Address 206 Olentangy Street		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 25.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor Susan L. Hiser					
Street Address 3690 Christopher Place		Employer/Occupation/Labor Organization*		M	D
City Grove City		State OH	Zip Code 43123	Y	Amount 30.00
				Form(Cash,Check,etc) CHECK 437	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				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.

Total contributions this event

Total expenditures this event

375.00

Page Total \$ 105.00