

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 SHELLY MOORE					Registration Number, if PAC		
Street Address 9674 MEADOW WOOD DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City PICKERINGTON		State O H	Zip Code 43147	Form(Cash,Check,etc) CASH			
Full Name of Contributor MERI JO WARNER					Registration Number, if PAC		
Street Address 4460 ROSEMARY PKWY.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City COLUMBUS		State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK #2270			
Full Name of Contributor MERI JO WARNER					Registration Number, if PAC		
Street Address 4460 ROSEMARY PKWY.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	10.00
City COLUMBUS		State O H	Zip Code 43214	Form(Cash,Check,etc) CASH			
Full Name of Contributor EILEEN PALEY					Registration Number, if PAC		
Street Address 668 BELLMAY PL.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	10.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CASH			
Full Name of Contributor LORI L. CLICK					Registration Number, if PAC		
Street Address 3170 BRIGHTINGTON DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	7.00
City DUBLIN		State O H	Zip Code 43017	Form(Cash,Check,etc) CASH			
Full Name of Contributor BRIAN GEIGNER					Registration Number, if PAC		
Street Address 668 BELLMAY PL.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CASH			
Full Name of Contributor KAREN M. BALOT					Registration Number, if PAC		
Street Address 4489 CHRISTNA LN.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City GAHANNA		State O H	Zip Code 43230	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 \$ 327.00