

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 EILEEN Y. PALEY						Registration Number, if PAC	
Street Address 668 BELLAMY PLACE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	35.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CHECK #2296			
Full Name of Contributor GEORGE E. SPEAKS							
Street Address 1534 GOODALE BLVD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City COLUMBUS		State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK #2688			
Full Name of Contributor BARBARA J. SECKLER							
Street Address 274 WESTWOOD ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City COLUMBUS		State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK #531			
Full Name of Contributor RICHARD J. RYAN							
Street Address 1452 IRONWOOD DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	65.00
City COLUMBUS		State O H	Zip Code 43229	Form(Cash,Check,etc) CHECK #6553			
Full Name of Contributor LILLIAN B. WILLIAMS							
Street Address 1404 LAKE SHORE DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City COLUMBUS		State O H	Zip Code 43204	Form(Cash,Check,etc) CHECK #3233			
Full Name of Contributor DONALD S. KLCO							
Street Address 225 E. NORTH BROADWAY ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City COLUMBUS		State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK #6735			
Full Name of Contributor CAROL A. VENTRESCA							
Street Address 5162 BARDON DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City WESTERVILLE		State O H	Zip Code 43082	Form(Cash,Check,etc) CHECK #1573			

* 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 \$ 350.00