

Event Date	03/16/06
Page	7

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 STEVEN R. MORGAN				Registration Number, if PAC	
Street Address 5375 CHERRY CREEK PKWY S.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 35.00
City COLUMBUS		State O H	Zip Code 43228	Form(Cash, Check, etc) CHECK-2111	
Full Name of Contributor JOHN A. PASKAN				Registration Number, if PAC	
Street Address 6634 BELVOIR COURT		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City CONCORD TOWNSHIP		State O H	Zip Code 44077	Form(Cash, Check, etc) CHECK-50.00	
Full Name of Contributor MICHAEL N. POWELL				Registration Number, if PAC	
Street Address 7367 BIRDIE LANE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City CANAL WINCHESTER		State O H	Zip Code 43110	Form(Cash, Check, etc) CHECK-1064	
Full Name of Contributor TOM FORBES				Registration Number, if PAC	
Street Address 7761 HARRISBURG-LONDON RD.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 25.00
City ORIENT		State O H	Zip Code 43146	Form(Cash, Check, etc) CHECK-7586	
Full Name of Contributor BRYAN E. HOLBROOK				Registration Number, if PAC	
Street Address P. O. BOX 37		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City MILLERSPORT		State O H	Zip Code 43046	Form(Cash, Check, etc) CHECK-2316	
Full Name of Contributor D. BRYAN KIRK				Registration Number, if PAC	
Street Address 5665 SPRING VALLEY RD.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 35.00
City LONDON		State O H	Zip Code 43140	Form(Cash, Check, etc) CHECK-2481	
Full Name of Contributor STEVEN BLAKE				Registration Number, if PAC	
Street Address 6449 OLD BEN LANE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 100.00
City CANAL WINCHESTER		State O H	Zip Code 43110	Form(Cash, Check, etc) CHECK-6345	

* 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 \$ 345.00