

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	8	2	6	0
			6	0	6	375.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	8	2	7	0
			6	0	6	935.00	
Full Name of Contributor MILDRED SANFORD						Registration Number, if PAC	
Street Address 404 FAIRWAY TRAIL		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 6416	
City SPRINGFIELD	State T N	Zip Code 37172	M 0	D 9	Y 1	8	Amount 100.00
			0	9	1	8	0
			6	0	6		
Full Name of Contributor BARBARA HYKES						Registration Number, if PAC	
Street Address 1865 TORCHWOOD DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 1906	
City COLUMBUS	State O H	Zip Code 42229	M 0	D 9	Y 1	8	Amount 50.00
			0	9	1	8	0
			6	0	6		
Full Name of Contributor MICHAEL McCALLISTER						Registration Number, if PAC	
Street Address 187 B DELHI CT.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 4408	
City COLUMBUS	State O H	Zip Code 43202	M 0	D 9	Y 1	8	Amount 50.00
			0	9	1	8	0
			6	0	6		
Full Name of Contributor TERRENCE McGRATH						Registration Number, if PAC	
Street Address 369 OLENTANGY FORREST DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 5264	
City COLUMBUS	State O H	Zip Code 43214	M 0	D 9	Y 1	8	Amount 52.00
			0	9	1	8	0
			6	0	6		
Full Name of Contributor RICHARD TERMUHLN II						Registration Number, if PAC	
Street Address 495 COLUMBIA PL.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 1375	
City COLUMBUS	State O H	Zip Code 43209	M 0	D 9	Y 1	8	Amount 25.00
			0	9	1	8	0
			6	0	6		
Full Name of Contributor MARLENE LYNN						Registration Number, if PAC	
Street Address 7725 KELVINWAY DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 3717	
City WORTHINGTON	State O H	Zip Code 43085	M 0	D 9	Y 1	8	Amount 20.00
			0	9	1	8	0
			6	0	6		

* 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)]

Page Total \$ 1,607.00