

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 BILL MURRAY					Registration Number, if PAC		
Street Address 7346 BURSON RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CALEDONIA	State O H	Zip Code 43314	M 0 8	D 0 9	Y 0 6	Amount 200.00	
Full Name of Contributor DIANE C. BROWN					Registration Number, if PAC		
Street Address 5933 SAWMILL WOODS COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL		
City FT. WYNE	State I N	Zip Code 46835	M 0 8	D 0 2	Y 0 6	Amount 19.12	
Full Name of Contributor ATHENIA EVERSOLE					Registration Number, if PAC		
Street Address 150 N WEST ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1993		
City GREENVILLE	State O H	Zip Code 45331	M 0 8	D 2 3	Y 0 6	Amount 30.00	
Full Name of Contributor LINDA CARSON					Registration Number, if PAC		
Street Address 2640 HALLECK DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1530		
City COLUMBUS	State O H	Zip Code 43209	M 0 8	D 2 3	Y 0 6	Amount 25.00	
Full Name of Contributor JOYCE STUMP					Registration Number, if PAC		
Street Address 1617 MORGAN JOHNSON RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1696		
City BRADENTON	State F L	Zip Code 34208	M 0 8	D 2 3	Y 0 6	Amount 50.00	
Full Name of Contributor HEATHER REED					Registration Number, if PAC		
Street Address 1939 RAMBLEBRANCH DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1873		
City COLUMBUS	State O H	Zip Code 43220	M 0 8	D 2 3	Y 0 6	Amount 60.00	
Full Name of Contributor MARY HOPKINS					Registration Number, if PAC		
Street Address 5392 MINK ST SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 5375		
City PATASKALA	State O H	Zip Code 43062	M 0 8	D 2 3	Y 0 6	Amount 35.00	
Full Name of Contributor EMILY REITZ					Registration Number, if PAC		
Street Address 7863 LINKSVIEW CR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 10303		
City WESTERVILLE	State O H	Zip Code 43082	M 0 8	D 2 3	Y 0 6	Amount 70.00	

* 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)]