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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	C EOD	TTT	OF.					
THE COMMITTEE TO ELECT DORRI	S FOR	JUD	GE .				_	
· · · · · · · · · · · · · · · · · · ·					ation Number, if PAC			
WENDY FORBES	1							
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	
7761 HARRISBURG LONDON RD						,	CHECK '	7675
City	Sta		Zip Code	M	D	Y	Amount	
ORIENT	0	H	43146	0 7	0 3	0 6		30.00
Full Name of Contributor Registration Number, if PAC								
TOMI L. DORRIS								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
364 OLENTANGY FOREST DR.							CHECK	5872
City	Sta	ite	Zip Code	M	D	Y	Amount	
COLUMBUS	0	Η	43214	0 7	0 3	0 6		40.00
Full Name of Contributor			•			ber, if PA		
FRANCES DORRIS								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
199 ST RT. 203							CASH	
City	Sta	ite	Zip Code	М	D	Y	Amount	
DELAWARE	$\log 1$	Н	43015	017	0 3	016		30.00
Full Name of Contributor			10010					- 00.00
Full Name of Contributor  TOMI L. DORRIS								
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
364 OLENTANGY FOREST DR.	Issiproyet/Occupation/Labor Organization				CASH			
City	Sta	nta	Zip Code	М	D	Y	Amount	
COLUMBUS		Н	43214		L		Amount	40.00
		П	43214		03		0	40.00
Full Name of Contributor Registration Number, if PAC								
MERI JO WARNER	In 1	10					F (2   2)	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
4460 ROSEMARY PKWY	<u> </u>		T				CASH	
City	Sta		Zip Code	М	D	Y	Amount	40.00
COLUMBUS	О	Н	43214		0 3			10.00
Full Name of Contributor				Registra	ition Num	ber, if PA	ıC	
VERNON C. CHENEVEY								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2075 BROOKHURST AVE.							CASH	
City	Sta		Zip Code	M	D		Amount	
COLUMBUS	0	H	43229	0 7	0 3	0 6		20.00
Full Name of Contributor						ber, if PA		
GEORGE LEWIS								
Street Address	Employer	r/Occupa	ation/Labor Organization*	_			Form (Cash, Chec	k, etc.)
323 BUCK RUN TRAIL							CASH	
City	Sta	ite	Zip Code	М	D	Y	Amount	
WESTERVILLE	0	Н	43082	0   7	0 3	0 6		20.00
Full Name of Contributor  Registration Number, if PAC								
DENNY GOODHART								
Street Address	Employer	r/Occupa	ation/Labor Organization*				Form (Cash, Check	k, etc.)
5109 CLINE ROAD	1						CASH	
City	Sta	ite	Zip Code	М	D	Y	Amount	
KENT	0	Н	43068	0 7	0 3	0   6		10.00

Page Total \$	200.00

<sup>\*</sup> 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)]