

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 EMILY M. MOWRY				Registration Number, if PAC	
Street Address 5506 GENOA FARMS BLVD.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City WESTERVILLE	State O	Zip Code 43082	H H	Amount 40.00	Form(Cash,Check,etc) CHECK 2114
Full Name of Contributor ERIC BAKER				Registration Number, if PAC	
Street Address 3612 PREAMBLE LN.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City COLUMBUS	State O	Zip Code 43207	H H	Amount 100.00	Form(Cash,Check,etc) CHECK 3918
Full Name of Contributor EILEEN PALEY				Registration Number, if PAC	
Street Address 668 BELLAMY PL.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City COLUMBUS	State O	Zip Code 43213	H H	Amount 25.00	Form(Cash,Check,etc) CHECK 2343
Full Name of Contributor ROBERT YOUNG				Registration Number, if PAC	
Street Address 7040 BOLD FORBES CT.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City BLACKLICK	State O	Zip Code 43004	H H	Amount 75.00	Form(Cash,Check,etc) CHECK 2194
Full Name of Contributor M. A. SHORT				Registration Number, if PAC	
Street Address 160 E. PACEMONT RD.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City COLUMBUS	State O	Zip Code 43202	H H	Amount 70.00	Form(Cash,Check,etc) CHECK 2976
Full Name of Contributor M. FRANCIS DORRIS				Registration Number, if PAC	
Street Address 199 ST RT. 203	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City DELAWARE	State O	Zip Code 43015	H H	Amount 70.00	Form(Cash,Check,etc) CHECK 4761
Full Name of Contributor MICHAEL A. WIMBUSH				Registration Number, if PAC	
Street Address 398 OLENTENGY FOREST DR.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City COLUMBUS	State O	Zip Code 43214	H H	Amount 100.00	Form(Cash,Check,etc) CHECK 304

* 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

1,220.00

Total expenditures this event

550.00

Page Total \$ 480.00