

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 MARK LEVY					Registration Number, if PAC		
Street Address 223 ABBOTT AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City WORTHINGTON	State O H	Zip Code 43086	M 1 0	D 2 5	Y 0 6	Amount 48.25	
Full Name of Contributor BOB BRAUER					Registration Number, if PAC		
Street Address 485 S. PARKVIEW #312		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43209	M 1 0	D 2 7	Y 0 6	Amount 100.00	
Full Name of Contributor PATRICIA S. INMAN					Registration Number, if PAC		
Street Address 373 OLENTANGY FOREST DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 4446		
City COLUMBUS	State O H	Zip Code 43214	M 0 6	D 1 3	Y 0 6	Amount 100.00	
Full Name of Contributor JOHN A. WEIS					Registration Number, if PAC		
Street Address 9684 WATERLOO EASTERN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 3148		
City CANAL WINCHESTER	State O H	Zip Code 43110	M 1 0	D 1 0	Y 0 6	Amount 50.00	
Full Name of Contributor HEATHER S. REED					Registration Number, if PAC		
Street Address 1939 RAMBLEBRANCH DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1881		
City COLUMBUS	State O H	Zip Code 43220	M 1 1	D 0 1	Y 0 6	Amount 55.00	
Full Name of Contributor MARGARET HEALY					Registration Number, if PAC		
Street Address 6688 STEINBECK CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 3169		
City NORTH RIDGEVILLE	State O H	Zip Code 4404	M 1 0	D 0 5	Y 0 6	Amount 200.00	
Full Name of Contributor A. M. STEPHENSON					Registration Number, if PAC		
Street Address 160 E. PACEMONT RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 6314		
City COLUMBUS	State O H	Zip Code 43202	M 1 0	D 1 3	Y 0 6	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
						0.00	

* 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)]

Page Total \$ 653.25