31-E R.C. 3517.10(B)

Event Date	07/29/06
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05		
Name of Committee in Full				
THE COMMITTEE TO ELECT DOR	RRIS FOR JUD)GE		
Full Name of Contributor			Registration Number, if PAC	
ANDREA PEEPLES				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
5596 WINDSOR WOODS DR.			0 7 2 9 0 6	35.00
City	State	Zip Code	Form(Cash,Check,etc)	
GAHANNA	O H	43230	CASH	
Full Name of Contributor			Registration Number, if PAC	
STEVE DEERE				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1543 FALLBROOK RD.			0 7 2 9 0 6	35.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43223	CASH	
Full Name of Contributor			Registration Number, if PAC	
BONNIE MILLER				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
8477 SOMERSET ROAD			0 7 2 9 0 6	35.00
City	State	Zip Code	Form(Cash,Check,etc)	
THORNVILLE	O H	43076	CASH	
Full Name of Contributor			Registration Number, if PAC	
GEORGE W. FRANEY				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
8477 SOMERSET ROAD			0 7 2 9 0 6	20.00
City	State	Zip Code	Form(Cash,Check,etc)	
THORNVILLE	O H	43076	CASH	
Full Name of Contributor			Registration Number, if PAC	
TOMI DORRIS				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
364 OLENTANGY FOREST DR.			0 7 2 9 0 6	60.00
COLLINADIC	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43214	CASH	
Full Name of Contributor			Registration Number, if PAC	
C. YOLANDA DORRIS	I			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1700 N. COURT ST.			0 7 2 9 0 6	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
CIRCLEVILLE	O H	43113	CHECH 7538	
Full Name of Contributor			Registration Number, if PAC	
RUSSELL C. GOODWIN JR.	1			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	a # 66
103 FIRST AVE.		Te: 0 1	0 7 2 9 0 6	35.00
COLLIMBLIC	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43201	CHECK 2314	

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	Total expenditures this event	
		Page Total \$320.00

^{*} 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)]