

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 MICHAEL J. POCOCK				Registration Number, if PAC	
Street Address 3509 SUNSET DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 100.00
City UPPER ARLINGTON	State O H	Zip Code 43220		Form(Cash,Check,etc) CASH	
Full Name of Contributor MARIAN HARRIS				Registration Number, if PAC	
Street Address 5145 HOLBROOK DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 50.00
City COLUMBUS	State O H	Zip Code 43232		Form(Cash,Check,etc) CASH	
Full Name of Contributor BILL SETTINA				Registration Number, if PAC	
Street Address 729 S. HIGH STREET		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 40.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CASH	
Full Name of Contributor GREG METZGER				Registration Number, if PAC	
Street Address 5978 EAGLES NEST DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 70.00
City WESTERVILLE	State O H	Zip Code 43081		Form(Cash,Check,etc) CASH	
Full Name of Contributor DAVID BROWN				Registration Number, if PAC	
Street Address 400 S. FIFTH ST. #303		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 20.00
City COLUMBUS	State O H	Zip Code 43215		Form(Cash,Check,etc) CASH	
Full Name of Contributor ERIN DORRIS-ASTLEY				Registration Number, if PAC	
Street Address 1700 COURT ST.		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 1.25
City CIRCLEVILLE	State O H	Zip Code 43113		Form(Cash,Check,etc) CASH	
Full Name of Contributor VERN PRINGLE				Registration Number, if PAC	
Street Address 5576 WINSOR WOODS DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 35.00
City GAHANNA	State O H	Zip Code 43230		Form(Cash,Check,etc) CASH	

* 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

Total expenditures this event

Page Total \$ 316.25