

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 WILLIAM SNOWMAN				Registration Number, if PAC	
Street Address 3328 COLCHESTER RD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 9
City UPPER ARLINGTON	State O H	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK 1329	
Full Name of Contributor ERIC FREECE				Registration Number, if PAC	
Street Address 4488 ZELLER RD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 9
City COLUMBUS	State O H	Zip Code 43214	Amount 15.00	Form(Cash,Check,etc) CHECK 10085	
Full Name of Contributor LISA DADONE				Registration Number, if PAC	
Street Address 4840 POWELL RD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 9
City POWELL	State O H	Zip Code 43065	Amount 10.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor ROBERT YOUNG				Registration Number, if PAC	
Street Address 7040 BOLD FORBES CT	Employer/Occupation/Labor Organization*		M 1	D 0	Y 9
City BLACKLICK	State O H	Zip Code 43004	Amount 75.00	Form(Cash,Check,etc) CHECK 2279	
Full Name of Contributor PAULA DEMING				Registration Number, if PAC	
Street Address 6775 ALLOWAY ST. WEST	Employer/Occupation/Labor Organization*		M 1	D 0	Y 9
City WORTHINGTON	State O H	Zip Code 43085	Amount 25.00	Form(Cash,Check,etc) CHECK 6122	
Full Name of Contributor DEBORAH BERTSCH				Registration Number, if PAC	
Street Address 51 W. DOMINION BLVD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 9
City COLUMBUS	State O H	Zip Code 43214	Amount 30.00	Form(Cash,Check,etc) CHECK 2102	
Full Name of Contributor CICILY SWEET				Registration Number, if PAC	
Street Address 4450 ROSEMARY PKWY	Employer/Occupation/Labor Organization*		M 1	D 0	Y 9
City COLUMBUS	State O H	Zip Code 43214	Amount 15.00	Form(Cash,Check,etc) CHECK 4630	

* 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 \$ **220.00**