

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 TOM DORRIS						Registration Number, if PAC							
Street Address 320 W. PARK DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH						
City GREENVILLE		State O H		Zip Code 45331		M 0 1		D 2 2		Y 0 6		Amount 100.00	
Full Name of Contributor MARTHA DORRIS						Registration Number, if PAC							
Street Address 320 W. PARK DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH						
City GREENVILLE		State O H		Zip Code 45331		M 0 1		D 2 2		Y 0 6		Amount 100.00	
Full Name of Contributor MICHAEL J. POCOCK						Registration Number, if PAC							
Street Address P. O. BOX 141202			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #101						
City COLUMBUS		State O H		Zip Code 43214		M 0 1		D 2 8		Y 0 6		Amount 100.00	
Full Name of Contributor JOHN BEHLING						Registration Number, if PAC							
Street Address 163 CHARLSTON AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #2883						
City COLUMBUS		State O H		Zip Code 43214		M 0 3		D 0 4		Y 0 6		Amount 50.00	
Full Name of Contributor AL H. COOPER						Registration Number, if PAC							
Street Address 202 BOLLINGEN			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK # 1274						
City BLACKLICK		State O H		Zip Code 43004		M 0 3		D 0 5		Y 0 6		Amount 25.00	
Full Name of Contributor MICHAEL J. POCOCK						Registration Number, if PAC							
Street Address P. O. BOX 141202			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK # 105						
City COLUMBUS		State O H		Zip Code 43214		M 0 3		D 1 0		Y 0 6		Amount 100.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M 0 3		D 1 6		Y 0 6		Amount 1,870.00	
Full Name of Contributor CHRISTINA L. CORL						Registration Number, if PAC							
Street Address 5971 OLENTANGY RIVER RD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #2318						
City WORTHINGTON		State O H		Zip Code 43085-9400		M 0 3		D 2 2		Y 0 6		Amount 150.00	

* 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 \$ 2,495.00