

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 SELENA MILLER						Registration Number, if PAC						
Street Address 2671 CLYBOURNE ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH					
City COLUMBUS		State O H		Zip Code 43231		M 0 7		D 0 3		Y 0 6		Amount 20.00
Full Name of Contributor JOHN BACKULICH						Registration Number, if PAC						
Street Address 4490 SHARON AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH					
City COLUMBUS		State O H		Zip Code 43231		M 0 7		D 0 3		Y 0 6		Amount 10.00
Full Name of Contributor JIM BUCHY						Registration Number, if PAC						
Street Address 281 DOGWOOD DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 3102					
City GREENVILLE		State O H		Zip Code 45331		M 0 7		D 2 1		Y 0 6		Amount 50.00
Full Name of Contributor JOHN J, BRENNAN						Registration Number, if PAC						
Street Address 2974 WEST HILTOP LANE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 3082					
City FRANKLIN		State W I		Zip Code 53132		M 0 7		D 2 1		Y 0 6		Amount 100.00
Full Name of Contributor SHERY WILLIAMS						Registration Number, if PAC						
Street Address 658 BUGLE CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 2454					
City GAHANNA		State O H		Zip Code 43230		M 0 7		D 2 1		Y 0 6		Amount 25.00
Full Name of Contributor GEORGE LEWIS						Registration Number, if PAC						
Street Address 323 BUCK RUN TRAIL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK 6142					
City WESTERVILLE		State O H		Zip Code 43082		M 0 7		D 2 1		Y 0 6		Amount 125.00
Full Name of Contributor JASON MACKE						Registration Number, if PAC						
Street Address 2319 N 4th STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL					
City COLUMBUS		State O H		Zip Code 43215		M 0 6		D 1 3		Y 0 6		Amount 48.25
Full Name of Contributor AMIT GOYAL						Registration Number, if PAC						
Street Address 5737 STONE LAKE DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL					
City DAYTON		State O H		Zip Code 45429		M 0 7		D 0 2		Y 0 6		Amount 48.25

* 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 \$ 426.50