

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 PAUL GIORGIANNI			Registration Number, if PAC	
Street Address 230 CLOVER COURT	Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 50.00
City DUBLIN	State O H	Zip Code 43017	Form(Cash,Check,etc) CHECK #1517	
Full Name of Contributor DAN E. BELVILLE			Registration Number, if PAC	
Street Address 1184 SMALLWOOD DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 50.00
City COLUMBUS	State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK #1751	
Full Name of Contributor MARTHA W. DORRIS			Registration Number, if PAC	
Street Address 320 W. PARK DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 100.00
City GREENVILLE	State O H	Zip Code 45331	Form(Cash,Check,etc) CHECK #0983	
Full Name of Contributor ANGELA FRANGANATO BROWN **			Registration Number, if PAC	
Street Address 1569 MC SPADEN CT.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 70.00
City COLUMBUS	State O H	Zip Code 43228	Form(Cash,Check,etc) CHECK #5853	
Full Name of Contributor DONA FERRIS			Registration Number, if PAC	
Street Address 724 1/2 S. HIGH STREET	Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 35.00
City COLUMBUS	State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK #3118	
Full Name of Contributor RICHARD E. GRAHAM			Registration Number, if PAC	
Street Address 315 BLANFORD DR.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 35.00
City WORTHINGTON	State O H	Zip Code 43085-3519	Form(Cash,Check,etc) CHECK #4861	
Full Name of Contributor ROBIN M. LINK			Registration Number, if PAC	
Street Address 862 RIDENOUR ROAD	Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 35.00
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK #4427	

* 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.

** DENOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE COMMON PLEAS COURT

Total contributions this event

Total expenditures this event

Page Total \$ 375.00