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| Event Date | 03/16/06 |
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

|   |   |                          |   |                        |
|---|---|--------------------------|---|------------------------|
| Name of Committee in Full<br><b>THE COMMITTEE TO ELECT DORRIS FOR JUDGE</b> |   |                          |   |                        |
| Full Name of Contributor<br><b>GEORGE PHELPS</b>                            |   |                          | Registration Number, if PAC               |                        |
| Street Address<br><b>P. O. BOX 14044</b>                                    | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   1   6   0   6</b> | Amount<br><b>40.00</b> |
| City<br><b>CINCINNATI</b>   | State<br><b>O   H</b>                   | Zip Code<br><b>45250</b> | Form(Cash,Check,etc)<br><b>CASH</b>       |                        |
| Full Name of Contributor<br><b>BETTE MENDENHALL</b>                         |   |                          | Registration Number, if PAC               |                        |
| Street Address<br><b>5700 GREGG ROAD</b>                                    | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   1   6   0   6</b> | Amount<br><b>50.00</b> |
| City<br><b>WEST JEFFERSON</b>   | State<br><b>O   H</b>                   | Zip Code<br><b>43162</b> | Form(Cash,Check,etc)<br><b>CASH</b>       |                        |
| Full Name of Contributor<br><b>JIM MENDENHALL</b>                           |   |                          | Registration Number, if PAC               |                        |
| Street Address<br><b>5700 GREGG ROAD</b>                                    | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   1   6   0   6</b> | Amount<br><b>50.00</b> |
| City<br><b>WEST JEFFERSON</b>   | State<br><b>O   H</b>                   | Zip Code<br><b>43162</b> | Form(Cash,Check,etc)<br><b>CASH</b>       |                        |
| Full Name of Contributor<br><b>MATT WARREN</b>                              |   |                          | Registration Number, if PAC               |                        |
| Street Address<br><b>7520 S. SECTION LINE ROAD</b>                          | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   1   6   0   6</b> | Amount<br><b>40.00</b> |
| City<br><b>DELAWARE</b>   | State<br><b>O   H</b>                   | Zip Code<br><b>43015</b> | Form(Cash,Check,etc)<br><b>CASH</b>       |                        |
| Full Name of Contributor<br><b>RUDY ZUPANC</b>                              |   |                          | Registration Number, if PAC               |                        |
| Street Address<br><b>7520 S. SECTION LINE ROAD</b>                          | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   1   6   0   6</b> | Amount<br><b>40.00</b> |
| City<br><b>DELAWARE</b>   | State<br><b>O   H</b>                   | Zip Code<br><b>43015</b> | Form(Cash,Check,etc)<br><b>CASH</b>       |                        |
| Full Name of Contributor<br><b>WALT DAVIES</b>                              |   |                          | Registration Number, if PAC               |                        |
| Street Address<br><b>6340 AUTUMM CREST CT.</b>                              | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   1   6   0   6</b> | Amount<br><b>40.00</b> |
| City<br><b>WESTERVILLE</b>  | State<br><b>O   H</b>                   | Zip Code<br><b>43082</b> | Form(Cash,Check,etc)<br><b>CASH</b>       |                        |
| Full Name of Contributor<br><b>WARREN DAVIES</b>                            |   |                          | Registration Number, if PAC               |                        |
| Street Address<br><b>7870 LINKSVIEW</b>                                     | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   1   6   0   6</b> | Amount<br><b>40.00</b> |
| City<br><b>WESTERVILLE</b>  | State<br><b>O   H</b>                   | Zip Code<br><b>43082</b> | Form(Cash,Check,etc)<br><b>CASH</b>       |                        |

\* 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 \$ 300.00