

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 THE COMMITTEE TO ELECT DORRIS FOR JUDGE				
Full Name of Contributor BEN CASUCCIO			Registration Number, if PAC	
Street Address 771 SPIVEY LANE	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City GALLOWAY	State O H	Zip Code 43119	Form(Cash,Check,etc) CASH	
Full Name of Contributor MONTE ROBINSON			Registration Number, if PAC	
Street Address 5475 INDIAN HILL ROAD	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 100.00
City DUBLIN	State O H	Zip Code 43017	Form(Cash,Check,etc) CASH	
Full Name of Contributor RON RAINES			Registration Number, if PAC	
Street Address 4765 HOSEAH STREET	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City COLUMBUS	State O H	Zip Code 43223	Form(Cash,Check,etc) CASH	
Full Name of Contributor JERRY GOETZ			Registration Number, if PAC	
Street Address 5577 BRIGHTON HILL LANE	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City DUBLIN	State O H	Zip Code 43016	Form(Cash,Check,etc)	
Full Name of Contributor DENNIS GOOGHEART			Registration Number, if PAC	
Street Address 5109 CLINE ROAD	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 100.00
City KENT	State O H	Zip Code 44240	Form(Cash,Check,etc) CASH	
Full Name of Contributor BERNIE FRITZ			Registration Number, if PAC	
Street Address 2722 E. KEMPER ROAD	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City CINTI.	State O H	Zip Code 45201	Form(Cash,Check,etc) CASH	
Full Name of Contributor JOE FERENEC			Registration Number, if PAC	
Street Address 5280 KEVIN STREET	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City SHEFFIELD VILLAGE	State O H	Zip Code 44054	Form(Cash,Check,etc) CASH	

* 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 \$ 410.00