

31-E

R.C. 3517.10(B)

Event Date 03/16/06Page 8

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 EILEEN ESTEPP				Registration Number, if PAC	
Street Address 6655 ESTATE VIEW DRIVE S.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City BLACKLICK	State O H	Zip Code 43004	Form(Cash,Check,etc) CHECK-3780		Amount 40.00
Full Name of Contributor MICHAEL S. KIDIDIS				Registration Number, if PAC	
Street Address 166 LOOKOUT LANE	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City PATASKALA	State O H	Zip Code 43062	Form(Cash,Check,etc) CHECK-7375		Amount 100.00
Full Name of Contributor CORY D. DAVIES				Registration Number, if PAC	
Street Address 7490 RONI S W	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City MASSILLON	State O H	Zip Code 44646	Form(Cash,Check,etc) CHECK-3949		Amount 40.00
Full Name of Contributor DARRIN C. LEIST				Registration Number, if PAC	
Street Address 4453 CANDLEWICK CIRCLE	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City COLUMBUS	State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK-3677		Amount 50.00
Full Name of Contributor FRANK MACKE				Registration Number, if PAC	
Street Address 370 E. COOK ROAD	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City COLUMBUS	State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK-1990		Amount 50.00
Full Name of Contributor SHELLY MOORE				Registration Number, if PAC	
Street Address 967 MEADOWWOOD DRIVE	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City PICKERINGTON	State O H	Zip Code 43147	Form(Cash,Check,etc) CASH		Amount 50.00
Full Name of Contributor GREG METZGER				Registration Number, if PAC	
Street Address 5478 EAGLES NEST DRIVE	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City WESTERVILLE	State O H	Zip Code 43081	Form(Cash,Check,etc) CASH		Amount 35.00

* 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)]

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 \$ 365.00