

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 RAYMOND LINK				Registration Number, if PAC	
Street Address 3103 HIGHCLIFT COURT	Employer/Occupation/Labor Organization*		M D Y 0 4 1 8 0 6	Amount 40.00	
City COLUMBUS	State O H	Zip Code 43231	Form(Cash,Check,etc) CHECK #1281		
Full Name of Contributor DAVID ANTHONY				Registration Number, if PAC	
Street Address 696 S. OHIO AVE.	Employer/Occupation/Labor Organization*		M D Y 0 4 1 8 0 6	Amount 35.00	
City COLUMBUS	State O H	Zip Code 43205	Form(Cash,Check,etc) CHECK #1304		
Full Name of Contributor DARREN T. HUGGINS				Registration Number, if PAC	
Street Address 295 EAST 24TH STREET	Employer/Occupation/Labor Organization*		M D Y 0 4 1 8 0 6	Amount 35.00	
City EUCLID	State O H	Zip Code 44123	Form(Cash,Check,etc) CHECK #3168		
Full Name of Contributor THE RAPHAEL COMPANY				Registration Number, if PAC	
Street Address 444 SOUTH FRONT STREET	Employer/Occupation/Labor Organization*		M D Y 0 4 1 8 0 6	Amount 100.00	
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK #1039		
Full Name of Contributor JOSEPH E. SCOTT CO., LPA				Registration Number, if PAC	
Street Address 35 E. LIVINGSTON AVE.	Employer/Occupation/Labor Organization*		M D Y 0 4 1 8 0 6	Amount 50.00	
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK #3271		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount 0.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount 0.00	
City	State	Zip Code	Form(Cash,Check,etc)		

* 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

840.00

Total expenditures this event

305.17

Page Total \$ **260.00**