

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 TINA CHAMBERS			Registration Number, if PAC	
Street Address 4482 CHANDLER DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 4 18	Amount 35.00
City WHITEHALL	State O H	Zip Code 43213	Form(Cash,Check,etc) CASH	
Full Name of Contributor BRIAN GEIGNER			Registration Number, if PAC	
Street Address 668 BELLAMY PLACE	Employer/Occupation/Labor Organization*		M D Y 0 4 18	Amount 35.00
City COLUMBUS	State O H	Zip Code 43213	Form(Cash,Check,etc) CASH	
Full Name of Contributor VANCE NETHERS			Registration Number, if PAC	
Street Address 1500 MARVIN DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 4 18	Amount 25.00
City REYNOLDSBURG	State O H	Zip Code 43068	Form(Cash,Check,etc) CASH	
Full Name of Contributor MARK WILSON			Registration Number, if PAC	
Street Address 3500 FAIRWAY COMMONS DR.	Employer/Occupation/Labor Organization*		M D Y 0 4 18	Amount 40.00
City HILLARD	State O H	Zip Code 43026	Form(Cash,Check,etc) CASH	
Full Name of Contributor NORM LINK			Registration Number, if PAC	
Street Address 862 RIDENOUR ROAD	Employer/Occupation/Labor Organization*		M D Y 0 4 18	Amount 20.00
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CASH	
Full Name of Contributor DENNIS GOODHART			Registration Number, if PAC	
Street Address 5109 CLINE ROAD	Employer/Occupation/Labor Organization*		M D Y 0 4 18	Amount 40.00
City KENT	State O H	Zip Code 44240	Form(Cash,Check,etc) CASH	
Full Name of Contributor MARLENE A. WIRTH			Registration Number, if PAC	
Street Address 1029 NORTHFIELD PL. N.	Employer/Occupation/Labor Organization*		M D Y 0 4 18	Amount 35.00
City REYNOLDSBURG	State O H	Zip Code 43068	Form(Cash,Check,etc) CHECK #3273	

* 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 \$ 230.00