

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE									
Full Name of Contributor DWIGHT E. GARNER						Registration Number, if PAC			
Street Address 895 BEECH SRTREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK # 2362		
City COLUMBUS	State O	H H	Zip Code 43206	M 0	D 4	Y 2	Y 1	Y 0	Y 6
Full Name of Contributor JENNIFFER R. LUCKETT						Registration Number, if PAC			
Street Address 5686 HAVENS CORNER ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK # 5680		
City GAHANNA	State O	H H	Zip Code 43230-6103	M 0	D 4	Y 2	Y 1	Y 0	Y 6
Full Name of Contributor BILL J. MURRAY						Registration Number, if PAC			
Street Address 7346 BURSON RD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City CALEDONIA	State O	H H	Zip Code 43314	M 0	D 4	Y 1	Y 9	Y 0	Y 6
Full Name of Contributor BARCLAY HASTINGS						Registration Number, if PAC			
Street Address 457 CHARLESTON AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK # 4699		
City COLUMBUS	State O	H H	Zip Code 43214	M 0	D 4	Y 2	Y 3	Y 0	Y 6
Full Name of Contributor SANDRA M. MORCKEL						Registration Number, if PAC			
Street Address 5370 HAVERHILL DR,			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #9776		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 4	Y 2	Y 0	Y 0	Y 6
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Y	Y	Y
				0	4	1	8	0	6
Full Name of Contributor PAYPAL - MONEY TO VERIFY CHECKING ACCOUNT EXISTAN						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Y	Y	Y
				0	5	0	1	0	6
Full Name of Contributor MARK A. SERROTT						Registration Number, if PAC			
Street Address 789 NORTHWEST BLVD. #A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #6076		
City COLUMBUS	State O	H H	Zip Code 43213	M 0	D 5	Y 0	Y 9	Y 0	Y 6

* 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)]

Page Total \$ 1,450.72