

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 GREG FOWN				Registration Number, if PAC	
Street Address 13642 CARRIAGE LN.	Employer/Occupation/Labor Organization*		M	D	Y
			1	0	0
City PICKERINGTON	State O H	Zip Code 43147	9	0	6
			Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor PATRICE ETTER					
Street Address 94 W. DOMINION BLVD.				M	D
				1	0
City COLUMBUS	State O H	Zip Code 43214	9	0	6
			Form(Cash,Check,etc) CHECK 4174		Amount 10.00
Full Name of Contributor HARRY PEACHY					
Street Address 4617 ST. RT. 42				M	D
				1	0
City CARDINGTON	State O H	Zip Code 43315	9	0	6
			Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor ANN BOSSARD					
Street Address 82 W. DOMINION BLVD				M	D
				1	0
City COLUMBUS	State O H	Zip Code 43214	9	0	6
			Form(Cash,Check,etc) CHECK 4180		Amount 20.00
Full Name of Contributor GREG SCHWAB					
Street Address 564 TIMBERLAKE DR.				M	D
				1	0
City WESTERVILLE	State O H	Zip Code 43081	9	0	6
			Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor ALISON MARKER					
Street Address 401 CANYON DR. N				M	D
				1	0
City COLUMBUS	State O H	Zip Code 43214	9	0	6
			Form(Cash,Check,etc) CHECK 567		Amount 25.00
Full Name of Contributor JANICE YOUNG					
Street Address 7040 BOLD FORBES CT.				M	D
				1	0
City BLACKLICK	State O H	Zip Code 43004	9	0	6
			Form(Cash,Check,etc) CASH		Amount 28.00

* 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

528.00

Total expenditures this event

Page Total \$ **123.00**