

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 CHARLIE WILSON				Registration Number, if PAC	
Street Address 1116 BAUMOCK BURN DR	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City COLUMBUS	State O H	Zip Code 43235	Amount 15.00	Form(Cash,Check,etc) CHECK 230	
Full Name of Contributor DAVID BUZEE				Registration Number, if PAC	
Street Address 5393 CROSSING LN.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City DUBLIN	State O H	Zip Code 43016	Amount 50.00	Form(Cash,Check,etc) CHECK 1288	
Full Name of Contributor RICHARD ALLEN				Registration Number, if PAC	
Street Address 1371 HADDON RD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City COLUMBUS	State O H	Zip Code 43209	Amount 50.00	Form(Cash,Check,etc) CHECK 810	
Full Name of Contributor CHAD McVEIGH				Registration Number, if PAC	
Street Address 350 E. 12TH. AVE. APT B5	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City COLUMBUS	State O H	Zip Code 43201	Amount 20.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor CAROLE DePAOLA				Registration Number, if PAC	
Street Address 4944 BUCK THORN LN.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City COLUMBUS	State O H	Zip Code 43220	Amount 10.00	Form(Cash,Check,etc) CHECK 10296	
Full Name of Contributor PAUL PARSONS				Registration Number, if PAC	
Street Address 344 OLENTANGY FOREST DR.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City COLUMBUS	State O H	Zip Code 43214	Amount 20.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor JEFF GRABMEIER				Registration Number, if PAC	
Street Address 1470 W. 7TH. AVE.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City COLUMBUS	State O H	Zip Code 43212	Amount 20.00	Form(Cash,Check,etc) CASH	

* 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 \$ 185.00