

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 John Behling				Registration Number, if PAC	
Street Address 163 E Charleston Avenue	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43214	Amount 150.00	Form(Cash,Check,etc) CHECK 2990	
Full Name of Contributor Grant Hilliker				Registration Number, if PAC	
Street Address 5268 Rush Avenue	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43214	Amount 25.00	Form(Cash,Check,etc) CHECK 3012	
Full Name of Contributor K. Sue Foley				Registration Number, if PAC	
Street Address 4898 SHARON AVE	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43214	Amount 100.00	Form(Cash,Check,etc) CHECK 5253	
Full Name of Contributor Steve Rosenthal				Registration Number, if PAC	
Street Address 5272 Rockport Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43235	Amount 50.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Jim Stewart				Registration Number, if PAC	
Street Address 4523 Zeller Avenue	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43214	Amount 50.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Richard Fowler				Registration Number, if PAC	
Street Address 66 Westview Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43214	Amount 25.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Howard Butler				Registration Number, if PAC	
Street Address 77 Meadowlark Lane	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43214	Amount 50.00	Form(Cash,Check,etc) CHECK 7434	

* 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 \$ 450.00