

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>THE COMMITTEE TO ELECT DORRIS FOR JUDGE</b>					
Full Name of Contributor <b>MARK A. SERROTT</b>				Registration Number, if PAC	
Street Address <b>7890 NORTHWEST BLVD #A</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43212</b>	Y <b>0</b>	Amount <b>300.00</b>
Form(Cash, Check, etc) <b>CHECK 5929</b>					
Full Name of Contributor <b>MICHAEL SEXTON</b>					
Street Address <b>9 BUTTLES AVE APT 414</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Y <b>0</b>	Amount <b>100.00</b>
Form(Cash, Check, etc) <b>CHECK 1597</b>					
Full Name of Contributor <b>RICHARD J. RYAN</b>					
Street Address <b>1452 IRONWOOD DR.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43229</b>	Y <b>0</b>	Amount <b>35.00</b>
Form(Cash, Check, etc) <b>CHECK 6634</b>					
Full Name of Contributor <b>M. FRANCES DORRIS</b>					
Street Address <b>199 ST RT. 203</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>DELAWARE</b>		State <b>O   H</b>	Zip Code <b>43015</b>	Y <b>0</b>	Amount <b>150.00</b>
Form(Cash, Check, etc) <b>CHECK 4756</b>					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount <b>0.00</b>
Form(Cash, Check, etc)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount <b>0.00</b>
Form(Cash, Check, etc)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount <b>0.00</b>
Form(Cash, Check, etc)					

\* 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

1,247.00

Total expenditures this event

600.00

Page Total \$ 585.00