

06 DEC 15 PM 12:30

# Ohio Campaign Finance Report

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

|  |             |         |   |         |  |                  |                             |            |                                  |   |   |
|--|-------------|---------|---|---------|--|------------------|-----------------------------|------------|----------------------------------|---|---|
| Full Name of Committee<br><b>THE COMMITTEE T ELECT DORRIS FOR JUDGE</b>                |             |         |   |         |  |                  | Registration Number, if PAC |            |                                  |   |   |
| Full Name of Candidate<br><b>TOMI LYNN DORRIS</b>                                      |             |         |   |         |  |                  |                             |            |                                  |   |   |
| Street Address<br><b>P. O. BOX 14367 / 400 S. FIFTH ST, SUITE 303</b>                  |             |         |   |         | Office Sought<br><b>COMMON PLEAS JUDGE</b> |                  |                             | District   |                                  |   |   |
| City<br><b>COLUMBUS, OHIO 43214 / COLUMBUS, OHIO 43215</b>                             |             |         |   |         |  |                  | State<br><b>O</b>           | H          | Zip Code<br><b>43214 / 43215</b> |   |   |
| Type of Report<br>(place X to the left of report type)                                 | Pre-Primary |         | Post-Primary  |         | Pre-General                                |                  | Post-General                |            | Annual Year                      |   |   |
|  | July        | Monthly | August  | Monthly | September                                  | Monthly          | Termination                 | Semiannual |                                  |   |   |
| Amended Report?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |             |         | Report Electronically filed?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |  | Date of Election |                             | M          | D                                | Y |   |
|  |             |         |   |         |  | 1                | 1                           | 0          | 7                                | 0 | 6 |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

|  |    |          |
|--|----|----------|
| 1. Amount brought forward from last report                         | \$ | 3,368.52 |
| 2. Total monetary contributions (From Form No. 31-A)               | \$ | 653.25   |
| 3. Total other income (From Form No. 31-A-2)                       | \$ | 177.20   |
| 4. Total funds available (sum of lines 1, 2, 3)                    | \$ | 4,198.97 |
| 5. Total monetary expenditures (From Form No. 31-B)                | \$ | 1,545.00 |
| 6. Balance on hand (line 4 minus line 5)                           | \$ | 2,653.97 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1)  | \$ | 3,977.75 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2)      | \$ |          |
| 9. Outstanding loans owed by committee (From Form No. 31-C)        | \$ |          |
| 10. Outstanding debts owed by committee (From Form No. 31-N)       | \$ |          |
| 11. Outstanding loans owed to committee (From Form No. 31-K)       | \$ |          |
| 12. Value of independent expenditures made (From Form No. 31-U)    | \$ |          |
| 13. For Electronic Filing Entities only                            | \$ |          |
| Sum of lines 2, 7 and amount of any new loans received this period |    |          |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**GEORGE W. FRANEY**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature 

12/15/06  
Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |  |                       |   |                   |                             |   |                         |
|---|--|-----------------------|---|-------------------|-----------------------------|---|-------------------------|
| Name of Committee in Full<br><b>THE COMMITTEE TO ELECT DORRIS FOR JUDGE</b> |  |                       |   |                   |                             |   |                         |
| Full Name of Contributor<br><b>MARK LEVY</b>                                |  |                       |   |                   | Registration Number, if PAC |   |                         |
| Street Address<br><b>223 ABBOTT AVE</b>                                     |  |                       | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.)<br><b>PAYPAL</b>     |                         |
| City<br><b>WORTHINGTON</b>  |  | State<br><b>O   H</b> | Zip Code<br><b>43086</b>                | M<br><b>1   0</b> | D<br><b>2   5</b>           | Y<br><b>0   6</b>                             | Amount<br><b>48.25</b>  |
| Full Name of Contributor<br><b>BOB BRAUER</b>                               |  |                       |   |                   | Registration Number, if PAC |   |                         |
| Street Address<br><b>485 S. PARKVIEW #312</b>                               |  |                       | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.)<br><b>CASH</b>       |                         |
| City<br><b>COLUMBUS</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43209</b>                | M<br><b>1   0</b> | D<br><b>2   7</b>           | Y<br><b>0   6</b>                             | Amount<br><b>100.00</b> |
| Full Name of Contributor<br><b>PATRICIA S. INMAN</b>                        |  |                       |   |                   | Registration Number, if PAC |   |                         |
| Street Address<br><b>373 OLENTANGY FOREST DR</b>                            |  |                       | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK 4446</b> |                         |
| City<br><b>COLUMBUS</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43214</b>                | M<br><b>0   6</b> | D<br><b>1   3</b>           | Y<br><b>0   6</b>                             | Amount<br><b>100.00</b> |
| Full Name of Contributor<br><b>JOHN A. WEIS</b>                             |  |                       |   |                   | Registration Number, if PAC |   |                         |
| Street Address<br><b>9684 WATERLOO EASTERN RD</b>                           |  |                       | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK 3148</b> |                         |
| City<br><b>CANAL WINCHESTER</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43110</b>                | M<br><b>1   0</b> | D<br><b>1   0</b>           | Y<br><b>0   6</b>                             | Amount<br><b>50.00</b>  |
| Full Name of Contributor<br><b>HEATHER S. REED</b>                          |  |                       |   |                   | Registration Number, if PAC |   |                         |
| Street Address<br><b>1939 RAMBLEBRANCH DR.</b>                              |  |                       | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK 1881</b> |                         |
| City<br><b>COLUMBUS</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43220</b>                | M<br><b>1   1</b> | D<br><b>0   1</b>           | Y<br><b>0   6</b>                             | Amount<br><b>55.00</b>  |
| Full Name of Contributor<br><b>MARGARET HEALY</b>                           |  |                       |   |                   | Registration Number, if PAC |   |                         |
| Street Address<br><b>6688 STEINBECK CT</b>                                  |  |                       | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK 3169</b> |                         |
| City<br><b>NORTH RIDGEVILLE</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>4404</b>                 | M<br><b>1   0</b> | D<br><b>0   5</b>           | Y<br><b>0   6</b>                             | Amount<br><b>200.00</b> |
| Full Name of Contributor<br><b>A. M. STEPHENSON</b>                         |  |                       |   |                   | Registration Number, if PAC |   |                         |
| Street Address<br><b>160 E. PACEMONT RD.</b>                                |  |                       | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.)<br><b>CHECK 6314</b> |                         |
| City<br><b>COLUMBUS</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43202</b>                | M<br><b>1   0</b> | D<br><b>1   3</b>           | Y<br><b>0   6</b>                             | Amount<br><b>100.00</b> |
| Full Name of Contributor  |  |                       |   |                   | Registration Number, if PAC |   |                         |
| Street Address  |  |                       | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.)                      |                         |
| City  |  | State                 | Zip Code                                | M                 | D                           | Y   | Amount                  |
|   |  |                       |   |                   |                             |   | <b>0.00</b>             |

\* 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)]

# Statement of Other Income

Prescribed by Secretary of State 2/01

|   |  |                       |  |                             |               |                                      |                         |
|---|--|-----------------------|--|-----------------------------|---------------|--------------------------------------|-------------------------|
| Name of Committee in Full<br><b>THE COMMITTEE TO ELECT DORRIS FOR JUDGE</b> |  |                       |  |                             |               |                                      |                         |
| Full Name<br><b>BUCKEY PRINTING &amp; MAILING SOLUTIONS</b>                 |  |                       |  | Registration Number, if PAC |               |                                      |                         |
| Address<br><b>217 N GRANT AVE</b>   |  | Type*<br><b>R   E</b> |  | M<br><b>1</b>               | D<br><b>1</b> | Y<br><b>0</b>                        | Amount<br><b>177.20</b> |
| City<br><b>COLUMBUS</b>   |  | State<br><b>O   H</b> |  | Zip Code<br><b>43215</b>    |               | Form(Cash,Check,etc)<br><b>CHECK</b> |                         |
| Full Name   |  |                       |  | Registration Number, if PAC |               |                                      |                         |
| Address   |  | Type*                 |  | M                           | D             | Y                                    | Amount                  |
| City  |  | State                 |  | Zip Code                    |               | Form(Cash,Check,etc)                 |                         |
| Full Name   |  |                       |  | Registration Number, if PAC |               |                                      |                         |
| Address   |  | Type*                 |  | M                           | D             | Y                                    | Amount                  |
| City  |  | State                 |  | Zip Code                    |               | Form(Cash,Check,etc)                 |                         |
| Full Name   |  |                       |  | Registration Number, if PAC |               |                                      |                         |
| Address   |  | Type*                 |  | M                           | D             | Y                                    | Amount                  |
| City  |  | State                 |  | Zip Code                    |               | Form(Cash,Check,etc)                 |                         |
| Full Name   |  |                       |  | Registration Number, if PAC |               |                                      |                         |
| Address   |  | Type*                 |  | M                           | D             | Y                                    | Amount                  |
| City  |  | State                 |  | Zip Code                    |               | Form(Cash,Check,etc)                 |                         |
| Full Name   |  |                       |  | Registration Number, if PAC |               |                                      |                         |
| Address   |  | Type*                 |  | M                           | D             | Y                                    | Amount                  |
| City  |  | State                 |  | Zip Code                    |               | Form(Cash,Check,etc)                 |                         |
| Full Name   |  |                       |  | Registration Number, if PAC |               |                                      |                         |
| Address   |  | Type*                 |  | M                           | D             | Y                                    | Amount                  |
| City  |  | State                 |  | Zip Code                    |               | Form(Cash,Check,etc)                 |                         |

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

|   |  |  |   |          |                          |                             |   |   |        |   |   |        |
|---|--|--|---|----------|--------------------------|-----------------------------|---|---|--------|---|---|--------|
| Name of Committee in Full<br><b>THE COMMITTEE TO ELECT DORRIS FOR JUDGE</b> |  |  |   |          |                          |                             |   |   |        |   |   |        |
| To Whom Paid<br><b>COLUMBUS COMMUNICATOR</b>                                |  |  |   |          |                          | M                           | D | Y | Amount |   |   |        |
|   |  |  |   |          |                          | 1                           | 1 | 0 | 4      | 0 | 6 | 825.00 |
| Address<br><b>90 WEST CAMPUS VIEW BLVD</b>                                  |  |  | Purpose<br><b>ADVERTISEMENT FEES</b>          |          |                          |                             |   |   |        |   |   |        |
| City<br><b>COLUMBUS</b>   |  |  | State<br><b>O</b>                             | <b>H</b> | Zip Code<br><b>43214</b> | Check Number<br><b>1032</b> |   |   |        |   |   |        |
| To Whom Paid<br><b>HUNTINGTON NATIONAL BANK</b>                             |  |  |   |          |                          | M                           | D | Y | Amount |   |   |        |
|   |  |  |   |          |                          | 1                           | 1 | 1 | 5      | 0 | 6 | 20.00  |
| Address<br><b>406 E. WILSON BRIDGE RD.</b>                                  |  |  | Purpose<br><b>BANK MONTHLY SERVICE CHARGE</b> |          |                          |                             |   |   |        |   |   |        |
| City<br><b>COLUMBUS</b>   |  |  | State<br><b>O</b>                             | <b>H</b> | Zip Code                 | Check Number<br><b>N/A</b>  |   |   |        |   |   |        |
| To Whom Paid<br><b>OUTLOOK MEDIA, INC.</b>                                  |  |  |   |          |                          | M                           | D | Y | Amount |   |   |        |
|   |  |  |   |          |                          | 1                           | 1 | 1 | 6      | 0 | 6 | 350.00 |
| Address<br><b>406 E. WILSON BRIDGE RD.</b>                                  |  |  | Purpose<br><b>ADVERTISING FEES</b>            |          |                          |                             |   |   |        |   |   |        |
| City<br><b>COLUMBUS</b>   |  |  | State<br><b>O</b>                             | <b>H</b> | Zip Code<br><b>43085</b> | Check Number<br><b>1035</b> |   |   |        |   |   |        |
| To Whom Paid<br><b>JEFF PAGE</b>  |  |  |   |          |                          | M                           | D | Y | Amount |   |   |        |
|   |  |  |   |          |                          | 1                           | 1 | 0 | 4      | 0 | 6 | 350.00 |
| Address<br><b>344 OLENTANGY FOREST RD.</b>                                  |  |  | Purpose<br><b>ART WORK FOR ADS</b>            |          |                          |                             |   |   |        |   |   |        |
| City<br><b>COLUMBUS</b>   |  |  | State<br><b>O</b>                             | <b>H</b> | Zip Code<br><b>43214</b> | Check Number<br><b>1033</b> |   |   |        |   |   |        |
| To Whom Paid  |  |  |   |          |                          | M                           | D | Y | Amount |   |   |        |
|   |  |  |   |          |                          |                             |   |   | 0.00   |   |   |        |
| Address   |  |  | Purpose                                       |          |                          |                             |   |   |        |   |   |        |
| City  |  |  | State   |          | Zip Code                 | Check Number                |   |   |        |   |   |        |
| To Whom Paid  |  |  |   |          |                          | M                           | D | Y | Amount |   |   |        |
|   |  |  |   |          |                          |                             |   |   | 0.00   |   |   |        |
| Address   |  |  | Purpose                                       |          |                          |                             |   |   |        |   |   |        |
| City  |  |  | State   |          | Zip Code                 | Check Number                |   |   |        |   |   |        |
| To Whom Paid  |  |  |   |          |                          | M                           | D | Y | Amount |   |   |        |
|   |  |  |   |          |                          |                             |   |   | 0.00   |   |   |        |
| Address   |  |  | Purpose                                       |          |                          |                             |   |   |        |   |   |        |
| City  |  |  | State   |          | Zip Code                 | Check Number                |   |   |        |   |   |        |
| To Whom Paid  |  |  |   |          |                          | M                           | D | Y | Amount |   |   |        |
|   |  |  |   |          |                          |                             |   |   | 0.00   |   |   |        |
| Address   |  |  | Purpose                                       |          |                          |                             |   |   |        |   |   |        |
| City  |  |  | State   |          | Zip Code                 | Check Number                |   |   |        |   |   |        |

# In-Kind Contributions Received

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                       |  | Employer, Occupation, Labor Organization * |  | Registration Number, if PAC   |
| TOMI L. DORRIS                                 |  |  |  |   |
| Street Address                                 |  | Description of Item or Service             |  | M   D   Y   Fair Market Value                                       |
| 364 OLENTANGY FOREST DR.                       |  | COST OF VEIDO SERVICE                      |  | 1   0   2   3   0   6   3,522.75                                    |
| City   |  | State   Zip Code                           |  | Received at Fundraising Event?                                      |
| COLUMBUS                                       |  | O   H   43214                              |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Full Name of Contributor                       |  | Employer, Occupation, Labor Organization * |  | Registration Number, if PAC   |
| BARONS ENTERPRISES, INC.                       |  |  |  |   |
| Street Address                                 |  | Description of Item or Service             |  | M   D   Y   Fair Market Value                                       |
| 1099 CAROUSEL CT.                              |  | WEB PAGE & SITE FEES                       |  | 1   1   2   0   0   6   455.00                                      |
| City   |  | State   Zip Code                           |  | Received at Fundraising Event?                                      |
| WESTERVILLE                                    |  | O   H   43081                              |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Full Name of Contributor                       |  | Employer, Occupation, Labor Organization * |  | Registration Number, if PAC   |
|  |  |  |  |   |
| Street Address                                 |  | Description of Item or Service             |  | M   D   Y   Fair Market Value                                       |
|  |  |  |  | 0.00  |
| City   |  | State   Zip Code                           |  | Received at Fundraising Event?                                      |
|  |  |  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Full Name of Contributor                       |  | Employer, Occupation, Labor Organization * |  | Registration Number, if PAC   |
|  |  |  |  |   |
| Street Address                                 |  | Description of Item or Service             |  | M   D   Y   Fair Market Value                                       |
|  |  |  |  | 0.00  |
| City   |  | State   Zip Code                           |  | Received at Fundraising Event?                                      |
|  |  |  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Full Name of Contributor                       |  | Employer, Occupation, Labor Organization * |  | Registration Number, if PAC   |
|  |  |  |  |   |
| Street Address                                 |  | Description of Item or Service             |  | M   D   Y   Fair Market Value                                       |
|  |  |  |  |   |
| City   |  | State   Zip Code                           |  | Received at Fundraising Event?                                      |
|  |  |  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Full Name of Contributor                       |  | Employer, Occupation, Labor Organization * |  | Registration Number, if PAC   |
|  |  |  |  |   |
| Street Address                                 |  | Description of Item or Service             |  | M   D   Y   Fair Market Value                                       |
|  |  |  |  |   |
| City   |  | State   Zip Code                           |  | Received at Fundraising Event?                                      |
|  |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| Full Name of Contributor                       |  | Employer, Occupation, Labor Organization * |  | Registration Number, if PAC   |
|  |  |  |  |   |
| Street Address                                 |  | Description of Item or Service             |  | M   D   Y   Fair Market Value                                       |
|  |  |  |  |   |
| City   |  | State   Zip Code                           |  | Received at Fundraising Event?                                      |
|  |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| Full Name of Contributor                       |  | Employer, Occupation, Labor Organization * |  | Registration Number, if PAC   |
|  |  |  |  |   |
| Street Address                                 |  | Description of Item or Service             |  | M   D   Y   Fair Market Value                                       |
|  |  |  |  |   |
| City   |  | State   Zip Code                           |  | Received at Fundraising Event?                                      |
|  |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO            |

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