

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee THE COMMITTEE TO ELECT DORRIS FOR JUDGE							Registration Number, if PAC				
Full Name of Candidate											
Street Address P. O. BOX 14367 / 400 S. FIFTH ST, SUITE 303						Office Sought COMMON PLEAS JUDGE		District			
City COLUMBUS, OHIO 43124 / COLUMBUS, OHIO 43215						State O H	Zip Code 43214 / 43215				
Type of Report (place X to the left of report type)	Pre-Primary		X		Post-Primary		Pre-General		Post-General		Annual Year
	July				August		September				Semianual
	Monthly				Monthly		Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election:		M 1 1	D 0 7	Y 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	\$	2,705.32
2. Total monetary contributions (From Form No. 31-A)	\$	3,077.72
3. Total other income (From Form No. 31-A-2)	3	20,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$	25,783.04
5. Total monetary expenditures (From Form No. 31-B)	\$	1,723.78
6. Balance on hand (line 4 minus line 5)	\$	24,059.26
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	729.40
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	20,000.00
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	\$	

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 06 JUN -9 PM 12:13
 OHIO SECRETARY OF STATE

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

06/09/06

Date

Contribution
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Expenditure
pages 2

Other
pages 3

Total
pages 14

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name of Contributor DWIGHT E. GARNER					Registration Number, if PAC		
Street Address 895 BEECH SRTREET			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK # 2362	
City COLUMBUS		State O H	Zip Code 43206	M 0 4	D 2 1	Y 0 6	Amount 35.00
Full Name of Contributor JENNIFFER R. LUCKETT					Registration Number, if PAC		
Street Address 5686 HAVENS CORNER ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK # 5680	
City GAHANNA		State O H	Zip Code 43230-6103	M 0 4	D 2 1	Y 0 6	Amount 100.00
Full Name of Contributor BILL J. MURRAY					Registration Number, if PAC		
Street Address 7346 BURSON RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CALEDONIA		State O H	Zip Code 43314	M 0 4	D 1 9	Y 0 6	Amount 200.00
Full Name of Contributor BARCLAY HASTINGS					Registration Number, if PAC		
Street Address 457 CHARLESTON AVE.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK # 4699	
City COLUMBUS		State O H	Zip Code 43214	M 0 4	D 2 3	Y 0 6	Amount 75.00
Full Name of Contributor SANDRA M. MORCKEL					Registration Number, if PAC		
Street Address 5370 HAVERHILL DR,			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK #9776	
City DUBLIN		State O H	Zip Code 43017	M 0 4	D 2 0	Y 0 6	Amount 100.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
				0 4	1 8	0 6	840.00
Full Name of Contributor PAYPAL - MONEY TO VERIFY CHECKING ACCOUNT EXISTAN					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
				0 5	0 1	0 6	0.72
Full Name of Contributor MARK A. SERROTT					Registration Number, if PAC		
Street Address 789 NORTHWEST BLVD. #A			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK #6076	
City COLUMBUS		State O H	Zip Code 43213	M 0 5	D 0 9	Y 0 6	Amount 100.00

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name of Contributor MARTHA W. DORRIS					Registration Number, if PAC		
Street Address 320 W. PARK DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK # 0991	
City GREENVILLE		State O H	Zip Code 45331	M 0 5	D 2 2	Y 0 6	Amount 200.00
Full Name of Contributor THOMAS E. DORRIS					Registration Number, if PAC		
Street Address 320 W. PARK DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK # 9811	
City GREENVILLE		State O H	Zip Code 45331	M 0 5	D 2 2	Y 0 6	Amount 200.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
				0 5	2 5	0 6	
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
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
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
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
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

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name				Registration Number, if PAC			
TOMI LYNN DORRIS				FROM 31C			
Address		Type*		M	D	Y	Amount
364 OLENTANGY FOREST DRIVE		L N		0	6	0	20,000.00
City		State		Zip Code		Form(Cash,Check,etc)	
COLUMBUS		O H		43214		CHECK	
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)	
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 THE COMMITTEE TO ELECT DORRIS FOR JUDGE												
To Whom Paid BUCKEYE PRINTING & MAILING SOLUTIONS						M	D	Y	Amount			
						0	4	1	4	0	6	1,126.21
Address 217 NORTH GRANT AVE.				Purpose PRINTING FOR LETTERHEAD AND ENVELOPES								
City COLUMBUS		State O	H	Zip Code 43215		Check Number 1008						
To Whom Paid THE BLUES STATION						M	D	Y	Amount			
						0	4	1	8	0	6	305.17
Address 147 VINE STREET				Purpose FUNDRAISER								
City COLUMBUS		State O	H	Zip Code 43215		Check Number 1010						
To Whom Paid BARONS ENTERPRISES INC.						M	D	Y	Amount			
						0	4	2	5	2	6	100.00
Address 1099 CAROUSEL CT.				Purpose DOMAIN NAME REGISTRATION FOR WEB SITE								
City WESTERVILLE		State O	H	Zip Code 43081		Check Number 1011						
To Whom Paid A & S ENTERPRISES						M	D	Y	Amount			
						0	4	3	0	0	6	107.00
Address P. O. BOX 425				Purpose MAGNETIC VEHICLE SIGNS								
City BLACKLICK		State O	H	Zip Code 43004-0425		Check Number 1012						
To Whom Paid GRAPHIC T's INC.						M	D	Y	Amount			
						0	5	1	0	0	6	85.40
Address 532 R MAIN ST / P.O. BOX 248				Purpose VINYL BANNER								
City GROVEPORT		State O	H	Zip Code 43125		Check Number 1013						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee THE COMMITTEE TO ELECT DORRIS FOR JUDGE													
From Whom Received TOMI LYNN DORRIS										Prior Amount 0.00		Amt. Incurred this Period 20,000.00	
Address 364 OLENTANGY FOREST DRIVE												Outstanding Balance 20,000.00	
City COLUMBUS		State O H	Zip Code 43214		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
		0	6	0	2	0	6	0	6	20,000.00			
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 20,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 20,000.00 (To Form No. 30-A)

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 TINA CHAMBERS			Registration Number, if PAC	
Street Address 4482 CHANDLER DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 4 18 0 6	Amount 35.00
City WHITEHALL	State O H	Zip Code 43213	Form(Cash,Check,etc) CASH	
Full Name of Contributor BRIAN GEIGNER			Registration Number, if PAC	
Street Address 668 BELLAMY PLACE	Employer/Occupation/Labor Organization*		M D Y 0 4 18 0 6	Amount 35.00
City COLUMBUS	State O H	Zip Code 43213	Form(Cash,Check,etc) CASH	
Full Name of Contributor VANCE NETHERS			Registration Number, if PAC	
Street Address 1500 MARVIN DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 4 18 0 6	Amount 25.00
City REYNOLDSBURG	State O H	Zip Code 43068	Form(Cash,Check,etc) CASH	
Full Name of Contributor MARK WILSON			Registration Number, if PAC	
Street Address 3500 FAIRWAY COMMONS DR.	Employer/Occupation/Labor Organization*		M D Y 0 4 18 0 6	Amount 40.00
City HILLARD	State O H	Zip Code 43026	Form(Cash,Check,etc) CASH	
Full Name of Contributor NORM LINK			Registration Number, if PAC	
Street Address 862 RIDENOUR ROAD	Employer/Occupation/Labor Organization*		M D Y 0 4 18 0 6	Amount 20.00
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CASH	
Full Name of Contributor DENNIS GOODHART			Registration Number, if PAC	
Street Address 5109 CLINE ROAD	Employer/Occupation/Labor Organization*		M D Y 0 4 18 0 6	Amount 40.00
City KENT	State O H	Zip Code 44240	Form(Cash,Check,etc) CASH	
Full Name of Contributor MARLENE A. WIRTH			Registration Number, if PAC	
Street Address 1029 NORTHFIELD PL. N.	Employer/Occupation/Labor Organization*		M D Y 0 4 18 0 6	Amount 35.00
City REYNOLDSBURG	State O H	Zip Code 43068	Form(Cash,Check,etc) CHECK #3273	

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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 \$ 230.00

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			Registration Number, if PAC				
EILEEN Y. PALEY							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
668 BELLAMY PLACE			0	4	18	06	35.00
City	State	Zip Code	Form(Cash,Check,etc)				
COLUMBUS	O H	43213	CHECK #2296				
Full Name of Contributor			Registration Number, if PAC				
GEORGE E. SPEAKS							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1534 GOODALE BLVD.			0	4	18	06	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
COLUMBUS	O H	43212	CHECK #2688				
Full Name of Contributor			Registration Number, if PAC				
BARBARA J. SECKLER							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
274 WESTWOOD ROAD			0	4	18	06	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
COLUMBUS	O H	43214	CHECK #531				
Full Name of Contributor			Registration Number, if PAC				
RICHARD J. RYAN							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1452 IRONWOOD DRIVE			0	4	18	06	65.00
City	State	Zip Code	Form(Cash,Check,etc)				
COLUMBUS	O H	43229	CHECK #6553				
Full Name of Contributor			Registration Number, if PAC				
LILLIAN B. WILLIAMS							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1404 LAKE SHORE DR.			0	4	18	06	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
COLUMBUS	O H	43204	CHECK #3233				
Full Name of Contributor			Registration Number, if PAC				
DONALD S. KLCO							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
225 E. NORTH BROADWAY ST.			0	4	18	06	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
COLUMBUS	O H	43214	CHECK #6735				
Full Name of Contributor			Registration Number, if PAC				
CAROL A. VENTRESCA							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5162 BARDON DRIVE			0	4	18	06	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
WESTERVILLE	O H	43082	CHECK #1573				

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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 \$ 350.00

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 RAYMOND LINK				Registration Number, if PAC	
Street Address 3103 HIGHCLIFT COURT		Employer/Occupation/Labor Organization*		M D Y	Amount
City COLUMBUS		State O H	Zip Code 43231	0 4 1 8 0 6	40.00
Form(Cash,Check,etc) CHECK #1281					
Full Name of Contributor DAVID ANTHONY					
Street Address 696 S. OHIO AVE.				Registration Number, if PAC	
City COLUMBUS		State O H	Zip Code 43205	M D Y	Amount
				0 4 1 8 0 6	35.00
Form(Cash,Check,etc) CHECK #1304					
Full Name of Contributor DARREN T. HUGGINS					
Street Address 295 EAST 24TH STREET				Registration Number, if PAC	
City EUCLID		State O H	Zip Code 44123	M D Y	Amount
				0 4 1 8 0 6	35.00
Form(Cash,Check,etc) CHECK #3168					
Full Name of Contributor THE RAPHAEL COMPANY					
Street Address 444 SOUTH FRONT STREET				Registration Number, if PAC	
City COLUMBUS		State O H	Zip Code 43215	M D Y	Amount
				0 4 1 8 0 6	100.00
Form(Cash,Check,etc) CHECK #1039					
Full Name of Contributor JOSEPH E. SCOTT CO., LPA					
Street Address 35 E. LIVINGSTON AVE.				Registration Number, if PAC	
City COLUMBUS		State O H	Zip Code 43215	M D Y	Amount
				0 4 1 8 0 6	50.00
Form(Cash,Check,etc) CHECK #3271					
Full Name of Contributor					
Street Address				M D Y	Amount
City		State	Zip Code		0.00
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				M D Y	Amount
City		State	Zip Code		0.00
Form(Cash,Check,etc)					

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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
840.00

Total expenditures this event
305.17

Page Total \$ **260.00**

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 SHELLY MOORE				Registration Number, if PAC			
Street Address 9674 MEADOW WOOD DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City PICKERINGTON		State O H	Zip Code 43147	Form(Cash,Check,etc) CASH			
Full Name of Contributor MERI JO WARNER				Registration Number, if PAC			
Street Address 4460 ROSEMARY PKWY.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City COLUMBUS		State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK #2270			
Full Name of Contributor MERI JO WARNER				Registration Number, if PAC			
Street Address 4460 ROSEMARY PKWY.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	10.00
City COLUMBUS		State O H	Zip Code 43214	Form(Cash,Check,etc) CASH			
Full Name of Contributor EILEEN PALEY				Registration Number, if PAC			
Street Address 668 BELLMAY PL.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	10.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CASH			
Full Name of Contributor LORI L. CLICK				Registration Number, if PAC			
Street Address 3170 BRIGHTINGTON DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	7.00
City DUBLIN		State O H	Zip Code 43017	Form(Cash,Check,etc) CASH			
Full Name of Contributor BRIAN GEIGNER				Registration Number, if PAC			
Street Address 668 BELLMAY PL.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CASH			
Full Name of Contributor KAREN M. BALOT				Registration Number, if PAC			
Street Address 4489 CHRISTNA LN.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City GAHANNA		State O H	Zip Code 43230	Form(Cash,Check,etc) CASH			

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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 \$ 327.00

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				Registration Number, if PAC			
JEFF DICKEY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
47 BRANDON DR.				0	5	2	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H		CASH			
Full Name of Contributor				Registration Number, if PAC			
GEORGE W. FRANEY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5477 SOMERSET ROAD				0	5	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
THORNVILLE		O H	43076	CASH			
Full Name of Contributor				Registration Number, if PAC			
JAMIE L. ALLEN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
68 WEST KOSSUTH ST.				0	5	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H	43206	CHECK#1214			
Full Name of Contributor				Registration Number, if PAC			
BRIAN E. CHORPENNING							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2540 LEEDS RD.				0	5	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
UPPER ARLINGTON		O H	43221	CHECK#1127			
Full Name of Contributor				Registration Number, if PAC			
KEVIN DURKIN - ATTORNEY AT LAW **							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
471 EAST BROAD ST. SUITE 1100				0	5	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H	43215	CHECK#5952			
Full Name of Contributor				Registration Number, if PAC			
VERNON C. CHENEVEY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2075 BROOKHURST AVE.				0	5	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H	43229	CHECK#3495			
Full Name of Contributor				Registration Number, if PAC			
STEVEN CLICK							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3170 BRIGHTINGTON DR.				0	5	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
DUBLIN		O H	43017	CHECK#1899			

* 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.

** DENOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE CONMON PLEAS COURT

Total contributions this event

Total expenditures this event

Page Total \$ 400.00

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 PORTMAN, FOLEY & FLINT LLP **				Registration Number, if PAC			
Street Address 471 E. BROAD ST. SUITE 1820		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK#9975			
Full Name of Contributor ROURKE & BLUMENTHALL, LLP **							
Street Address 495 S. HIGH STREET, SUITE 450		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK#9580			
Full Name of Contributor SAIA & PIAT, PLL **							
Street Address 713 SOUTH HIGH STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	400.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK 7387			
Full Name of Contributor							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash,Check,etc)			

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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.

** DENOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE COMMON PLEAS COURT

Total contributions this event
1,227.00

Total expenditures this event
0.00

Page Total \$ **500.00**

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
To Whom Paid				M	D	Y	Amount
THE BLUES STATION				0	4	1	305.17
Address		Purpose					
147 WEST VINE ST.		FUNDRAISER					
City	State	Zip Code	Check Number				
COLUMBUS	O H	43215	1010				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE			
Full Name of Contributor SAIA & PIATT PLL **		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 713 SOUTH HIGH STREET		Description of Item or Service COST OF FUNDRAISER	M D Y Fair Market Value 0 5 2 5 0 6 729.40
City COLUMBUS		State Zip Code O H 43215	Received at Fundraising Event? <input checked="" 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
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
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

* 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)]

** DENOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE COMMON PLEAS COURT