

FILED

Ohio Campaign Finance Report

OCT 26 AM 10:56

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee THE COMMITTEE T ELECT DORRIS FOR JUDGE							Registration Number, if PAC			
Full Name of Candidate TOMI LYNN DORRIS										
Street Address P. O. BOX 14367 / 400 S. FIFTH ST, SUITE 303					Office Sought COMMON PLEAS JUDGE			District		
City COLUMBUS, OHIO 43214 / COLUMBUS, OHIO 43215					State O H		Zip Code 43214 / 43215			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July		August		September		Termination		Semiannual	
	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	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	\$	24,059.26
2. Total monetary contributions (From Form No. 31-A)	\$	7,550.87
3. Total other income (From Form No. 31-A-2)	\$	170.00
4. Total funds available (sum of lines 1, 2, 3)	\$	31,780.13
5. Total monetary expenditures (From Form No. 31-B)	\$	28,411.61
6. Balance on hand (line 4 minus line 5)	\$	3,368.52
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	35,375.00
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

10/26/06

Date

Contribution pages 19

Expenditure pages 5

Other pages 3

Total pages 27

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 KEVIN DURKIN					Registration Number, if PAC		
Street Address 471 EAST BROAD ST, SUITE 1100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 5947	
City COLUMBUS		State O H	Zip Code 43215	M 0 6	D 1 2	Y 0 6	Amount 100.00
Full Name of Contributor JOSEPH BHAGAT					Registration Number, if PAC		
Street Address 5325 PORTLAND ST 3204			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 2368	
City COLUMBUS		State O H	Zip Code 43235	M 0 6	D 1 4	Y 0 6	Amount 50.00
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 6	1 3	0 6	1,247.00
Full Name of Contributor JOHN H. BATES, ESQ.					Registration Number, if PAC		
Street Address 495 S HIGH ST. SUITE 400			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 3786	
City COLUMBUS		State O H	Zip Code 43215	M 0 6	D 2 2	Y 0 6	Amount 50.00
Full Name of Contributor LABOERS INT'L UNION OF NA LOCAL 423 PAC FUND					Registration Number, if PAC		
Street Address 620 ALUM CREEK DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1100	
City COLUMBUS		State O H	Zip Code 43205	M 0 6	D 2 1	Y 0 6	Amount 500.00
Full Name of Contributor KRAVITZ & KRAVITZ, LLC					Registration Number, if PAC		
Street Address 145 E. RICH ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 5001	
City COLUMBUS		State O H	Zip Code 43215	M 0 7	D 0 5	Y 0 6	Amount 150.00
Full Name of Contributor LLOYD D. WILLIAMS					Registration Number, if PAC		
Street Address 6098 US ST RT 36E			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 2665	
City GREENVILLE		State O H	Zip Code 45331	M 0 7	D 0 7	Y 0 6	Amount 200.00
Full Name of Contributor BROOKS STICKEL					Registration Number, if PAC		
Street Address 325 WEST PARK DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 2574	
City GREENVILLE		State O H	Zip Code 45331	M 0 7	D 1 7	Y 0 6	Amount 25.00

* 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 WENDY FORBES					Registration Number, if PAC		
Street Address 7761 HARRISBURG LONDON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 7675		
City ORIENT	State O H	Zip Code 43146	M 0 7	D 0 3	Y 0 6	Amount 30.00	
Full Name of Contributor TOMI L. DORRIS					Registration Number, if PAC		
Street Address 364 OLENTANGY FOREST DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 5872		
City COLUMBUS	State O H	Zip Code 43214	M 0 7	D 0 3	Y 0 6	Amount 40.00	
Full Name of Contributor FRANCES DORRIS					Registration Number, if PAC		
Street Address 199 ST RT. 203		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DELAWARE	State O H	Zip Code 43015	M 0 7	D 0 3	Y 0 6	Amount 30.00	
Full Name of Contributor TOMI L. DORRIS					Registration Number, if PAC		
Street Address 364 OLENTANGY FOREST DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43214	M 0 7	D 0 3	Y 0 6	Amount 40.00	
Full Name of Contributor MERI JO WARNER					Registration Number, if PAC		
Street Address 4460 ROSEMARY PKWY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43214	M 0 7	D 0 3	Y 0 6	Amount 10.00	
Full Name of Contributor VERNON C. CHENEVEY					Registration Number, if PAC		
Street Address 2075 BROOKHURST AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43229	M 0 7	D 0 3	Y 0 6	Amount 20.00	
Full Name of Contributor GEORGE LEWIS					Registration Number, if PAC		
Street Address 323 BUCK RUN TRAIL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City WESTERVILLE	State O H	Zip Code 43082	M 0 7	D 0 3	Y 0 6	Amount 20.00	
Full Name of Contributor DENNY GOODHART					Registration Number, if PAC		
Street Address 5109 CLINE ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City KENT	State O H	Zip Code 43068	M 0 7	D 0 3	Y 0 6	Amount 10.00	

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Statement of Contributions Received

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Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name of Contributor SELENA MILLER					Registration Number, if PAC		
Street Address 2671 CLYBOURNE ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43231	M 0 7	D 0 3	Y 0 6	Amount 20.00	
Full Name of Contributor JOHN BACKULICH					Registration Number, if PAC		
Street Address 4490 SHARON AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43231	M 0 7	D 0 3	Y 0 6	Amount 10.00	
Full Name of Contributor JIM BUCHY					Registration Number, if PAC		
Street Address 281 DOGWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 3102		
City GREENVILLE	State O H	Zip Code 45331	M 0 7	D 2 1	Y 0 6	Amount 50.00	
Full Name of Contributor JOHN J, BRENNAN					Registration Number, if PAC		
Street Address 2974 WEST HILTOP LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 3082		
City FRANKLIN	State W I	Zip Code 53132	M 0 7	D 2 1	Y 0 6	Amount 100.00	
Full Name of Contributor SHERY WILLIAMS					Registration Number, if PAC		
Street Address 658 BUGLE CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 2454		
City GAHANNA	State O H	Zip Code 43230	M 0 7	D 2 1	Y 0 6	Amount 25.00	
Full Name of Contributor GEORGE LEWIS					Registration Number, if PAC		
Street Address 323 BUCK RUN TRAIL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 6142		
City WESTERVILLE	State O H	Zip Code 43082	M 0 7	D 2 1	Y 0 6	Amount 125.00	
Full Name of Contributor JASON MACKE					Registration Number, if PAC		
Street Address 2319 N 4th STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City COLUMBUS	State O H	Zip Code 43215	M 0 6	D 1 3	Y 0 6	Amount 48.25	
Full Name of Contributor AMIT GOYAL					Registration Number, if PAC		
Street Address 5737 STONE LAKE DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City DAYTON	State O H	Zip Code 45429	M 0 7	D 0 2	Y 0 6	Amount 48.25	

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Statement of Contributions Received

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Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE						
Full Name of Contributor BILL 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 8	D 0 9	Y 0 6	Amount 200.00
Full Name of Contributor DIANE C. BROWN				Registration Number, if PAC		
Street Address 5933 SAWMILL WOODS COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL	
City FT. WYNE	State I N	Zip Code 46835	M 0 8	D 0 2	Y 0 6	Amount 19.12
Full Name of Contributor ATHENIA EVERSOLE				Registration Number, if PAC		
Street Address 150 N WEST ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1993	
City GREENVILLE	State O H	Zip Code 45331	M 0 8	D 2 3	Y 0 6	Amount 30.00
Full Name of Contributor LINDA CARSON				Registration Number, if PAC		
Street Address 2640 HALLECK DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1530	
City COLUMBUS	State O H	Zip Code 43209	M 0 8	D 2 3	Y 0 6	Amount 25.00
Full Name of Contributor JOYCE STUMP				Registration Number, if PAC		
Street Address 1617 MORGAN JOHNSON RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1696	
City BRADENTON	State F L	Zip Code 34208	M 0 8	D 2 3	Y 0 6	Amount 50.00
Full Name of Contributor HEATHER REED				Registration Number, if PAC		
Street Address 1939 RAMBLEBRANCH DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1873	
City COLUMBUS	State O H	Zip Code 43220	M 0 8	D 2 3	Y 0 6	Amount 60.00
Full Name of Contributor MARY HOPKINS				Registration Number, if PAC		
Street Address 5392 MINK ST SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 5375	
City PATASKALA	State O H	Zip Code 43062	M 0 8	D 2 3	Y 0 6	Amount 35.00
Full Name of Contributor EMILY REITZ				Registration Number, if PAC		
Street Address 7863 LINKSVIEW CR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 10303	
City WESTERVILLE	State O H	Zip Code 43082	M 0 8	D 2 3	Y 0 6	Amount 70.00

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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 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	8	2	6	0	6	375.00
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	8	2	7	0	6	935.00
Full Name of Contributor MILDRED SANFORD					Registration Number, if PAC				
Street Address 404 FAIRWAY TRAIL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 6416				
City SPRINGFIELD	State T N	Zip Code 37172	M	D	Y	Amount			
			0	9	1	8	0	6	100.00
Full Name of Contributor BARBARA HYKES					Registration Number, if PAC				
Street Address 1865 TORCHWOOD DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1906				
City COLUMBUS	State O H	Zip Code 42229	M	D	Y	Amount			
			0	9	1	8	0	6	50.00
Full Name of Contributor MICHAEL McCALLISTER					Registration Number, if PAC				
Street Address 187 B DELHI CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 4408				
City COLUMBUS	State O H	Zip Code 43202	M	D	Y	Amount			
			0	9	1	8	0	6	50.00
Full Name of Contributor TERRENCE McGRATH					Registration Number, if PAC				
Street Address 369 OLENTANGY FORREST DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 5264				
City COLUMBUS	State O H	Zip Code 43214	M	D	Y	Amount			
			0	9	1	8	0	6	52.00
Full Name of Contributor RICHARD TERMUHLN II					Registration Number, if PAC				
Street Address 495 COLUMBIA PL.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 1375				
City COLUMBUS	State O H	Zip Code 43209	M	D	Y	Amount			
			0	9	1	8	0	6	25.00
Full Name of Contributor MARLENE LYNN					Registration Number, if PAC				
Street Address 7725 KELVINWAY DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 3717				
City WORTHINGTON	State O H	Zip Code 43085	M	D	Y	Amount			
			0	9	1	8	0	6	20.00

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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 HUNTER, CARNAHAN, SHOUB & BYARD				Registration Number, if PAC		
Street Address 3360 TREEMONT RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 2521	
City COLUMBUS	State O H	Zip Code 43221	M 0 9	D 1 8	Y 0 6	Amount 35.00
Full Name of Contributor LABORERS INT'L UNION OF NA LOCAL 423 PAC				Registration Number, if PAC		
Street Address 620 ALUM CREEK DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43205	M 0 9	D 2 5	Y 0 6	Amount 500.00
Full Name of Contributor TIMOTHY THOMPSON				Registration Number, if PAC		
Street Address 114 MARRUS DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL	
City GAHANNA	State O H	Zip Code 43230	M 0 9	D 2 6	Y 0 6	Amount 48.25
Full Name of Contributor GEORGE CHARLOT				Registration Number, if PAC		
Street Address 4832 EQUESTRIAN CR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City BOYNTON BEACH	State F L	Zip Code 33436	M 1 0	D 1 0	Y 0 6	Amount 50.00
Full Name of Contributor SUZAN COGSWLL				Registration Number, if PAC		
Street Address 5422 FLAT HEAD CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 4926	
City GAHANNA	State O H	Zip Code 43230	M 1 0	D 1 0	Y 0 6	Amount 100.00
Full Name of Contributor BILL HEDRICK				Registration Number, if PAC		
Street Address 838 THURBER DRIVE WEST #22		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK 3609	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 1 0	Y 0 6	Amount 25.00
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 1 0	D 0 9	Y 0 6	Amount 528.00
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 0 7	D 2 9	Y 0 6	Amount 1,220.00

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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 STONEWALL OF COLUMBUS				Registration Number, if PAC			
Address P. O. BOX 10814		Type* R E		M 0 8	D 0 1	Y 0 6	Amount 125.00
City COLUMBUS		State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK 10703			
Full Name A-AERO ADVERTISING SPECIALTY							
Address 644 LINN ST		Type* R E		M 0 8	D 2 1	Y 0 6	Amount 45.00
City CINCINNATI		State O H	Zip Code 45203	Form(Cash,Check,etc) CHECK4533			
Full Name							
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
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						M	D	Y	Amount			
SPICE BAR & LOUNGE						0	6	1	3	0	6	600.00
Address			Purpose									
491 N. PARK			VENUE RENTAL									
City			State		Zip Code		Check Number					
COLUMBUS			O H		43215		1014					
To Whom Paid						M	D	Y	Amount			
POSTMASTER						0	6	1	6	0	6	47.00
Address			Purpose									
			P. O. BOX FEE									
City			State		Zip Code		Check Number					
COLUMBUS			O H				1015					
To Whom Paid						M	D	Y	Amount			
FOP CAPITAL CITY 9 LODGE						0	6	1	7	0	6	150.00
Address			Purpose									
520 S. HIGH STREET			FOP HALL RENTAL									
City			State		Zip Code		Check Number					
COLUMBUS			O H		43215		1016					
To Whom Paid						M	D	Y	Amount			
STONEWALL OF COLUMBUS						0	6	1	7	0	6	125.00
Address			Purpose									
1160 N HIGH STREET			PARADE FEES									
City			State		Zip Code		Check Number					
COLUMBUS			O H		43215		1017					
To Whom Paid						M	D	Y	Amount			
BUCKEYE PRINTING & MAILING SOLUTIONS						0	6	2	2	0	6	2,442.44
Address			Purpose									
217 NORTH GRANT AVE.			PRINT AND STOCK PALM CARDS									
City			State		Zip Code		Check Number					
COLUMBUS			O H		43215-2163		1005					
To Whom Paid						M	D	Y	Amount			
A-AERO ADVERTISING SPECIALTY						0	6	2	3	0	6	739.34
Address			Purpose									
644 LINN STREET, SUITE 635			BALLOONS 7 STICKERS									
City			State		Zip Code		Check Number					
CINCINNATI			O H		45203		1019					
To Whom Paid						M	D	Y	Amount			
KOTTERMAN BROTHERS						0	6	2	3	0	6	300.00
Address			Purpose									
			PIG FOR PIG ROAST 07/29/06									
City			State		Zip Code		Check Number					
GLENFORD			O H				1020					
To Whom Paid						M	D	Y	Amount			
MARK ESSARY						0	6	2	7	0	6	125.00
Address			Purpose									
1500 MARVIN DRIVE			REFUND OF PARADE FEES TO STONEWALL OF COL.									
City			State		Zip Code		Check Number					
REYNOLDSBURG			O H		43068		1021					

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 GAHANNA LIONS CLUB				M	D	Y	Amount
				0	6	2	25.00
Address 691 VISTA DR.				Purpose PARADE FEES			
City GAHANNA LIONS CLUB		State O H	Zip Code 43230	Check Number 1022			
To Whom Paid WESTLAND AREA BUSINESS ASSOCIATION				M	D	Y	Amount
				0	7	0	50.00
Address 5000 W. BROAD ST				Purpose PARADE FEES			
City COLUMBUS		State O H	Zip Code 43228	Check Number 1023			
To Whom Paid FACTORY CARD OUTLET				M	D	Y	Amount
				0	7	0	61.33
Address 3707 EASTON TOWN MARKET				Purpose PURCHASE HELIUM FOR BALLONS			
City COLUMBUS		State O H	Zip Code 43219	Check Number 1024			
To Whom Paid ROTARY CLUB OF WESTERVILLE				M	D	Y	Amount
				0	7	0	50.00
Address WESTERVILLE				Purpose PARADE FEES			
City WESTERVILLE		State O H	Zip Code 43081	Check Number 1025			
To Whom Paid A & S ENTERPRISES				M	D	Y	Amount
				0	7	1	181.48
Address P. O. BOX 425				Purpose MAGNETIC SIGNS			
City BLACKLICK		State O H	Zip Code 43004	Check Number 1026			
To Whom Paid TRAVIS PARKER				M	D	Y	Amount
				0	7	2	100.00
Address 520S HIGH STREET				Purpose FOP HALL SECURITY			
City COLUMBUS		State O H	Zip Code 43215	Check Number 1027			
To Whom Paid TOMI LYNN DORRIS				M	D	Y	Amount
				0	8	0	20,000.00
Address 364 OLENTANGY FOREST DR.				Purpose REPAYMENT OF LOAN			
City COLUMBUS		State O H	Zip Code 43214	Check Number 1028			
To Whom Paid BUCKEYE PRINTING & MAILING SOLUTIONS				M	D	Y	Amount
				0	9	1	2,742.68
Address 217 NORTH GRANT AVE.				Purpose PRINTED MATERIAL FOR MAILING			
City COLUMBUS		State O H	Zip Code 43215	Check Number 1029			

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 TRIUMPH COMMUNICATIONS						M	D	Y	Amount			
						1	0	9	0	6	632.34	
Address 1480 DUBLIN ROAD				Purpose PRINTING								
City COLUMBUS		State O	H	Zip Code 43215		Check Number 1030						
To Whom Paid HUNTINGTON NATIONAL BANK						M	D	Y	Amount			
						0	9	1	5	0	6	20.00
Address				Purpose MONTHLY SERVICE FEE								
City COLUMBUS		State O	H	Zip Code		Check Number AUTO						
To Whom Paid HUNTINGTON NATIONAL BANK						M	D	Y	Amount			
						1	0	1	5	0	6	20.00
Address				Purpose MONTHLY SERVICE FEE								
City COLUMBUS		State O	H	Zip Code		Check Number AUTO						
To Whom Paid						M	D	Y	Amount			
Address												
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address												
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address												
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address												
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address												
City		State		Zip Code		Check Number						

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			
BRIAN GEIGER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
668 BELLAMY PL.				0	6	1	40.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H	43213	CASH			
Full Name of Contributor				Registration Number, if PAC			
DENNIS WHITE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
101 WALNUT DR.				0	6	1	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H	43217	CASH			
Full Name of Contributor				Registration Number, if PAC			
MICHAEL W. McELIGOTT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
511 E. JEFFREY PL.				0	6	1	147.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H	43214	CHECK 3653			
Full Name of Contributor				Registration Number, if PAC			
CAROL A. WRIGHT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
318 BERGER ALLEY				0	6	1	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H	OHIO	CHECK 2918			
Full Name of Contributor				Registration Number, if PAC			
THOMAS C. TOOTLE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5971 HILDENBORO DR				0	6	1	75.00
City		State	Zip Code	Form(Cash,Check,etc)			
DUBLIN		O H	43017	CHECK 1669			
Full Name of Contributor				Registration Number, if PAC			
JAMES R. RISHEL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7288 LEE ROAD				0	6	1	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
WESTERVILLE		O H	43081	CHECK 13776			
Full Name of Contributor				Registration Number, if PAC			
MERI JO WARNER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4460 ROSEMARY PARKWAY				0	6	1	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		O H	43214	CHECK 2278			

* 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 \$	662.00
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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	
MARK A. SERROTT					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
7890NORTHWEST BLVD #A			0	6	13
City	State	Zip Code	Amount		
COLUMBUS	O H	43212	300.00		
Form(Cash,Check,etc)				CHECK 5929	
Full Name of Contributor				Registration Number, if PAC	
MICHAEL SEXTON					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
9 BUTTLES AVE APT 414			0	6	13
City	State	Zip Code	Amount		
COLUMBUS	O H	43215	100.00		
Form(Cash,Check,etc)				CHECK 1597	
Full Name of Contributor				Registration Number, if PAC	
RICHARD J. RYAN					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1452 IRONWOOD DR.			0	6	13
City	State	Zip Code	Amount		
COLUMBUS	O H	43229	35.00		
Form(Cash,Check,etc)				CHECK 6634	
Full Name of Contributor				Registration Number, if PAC	
M. FRANCES DORRIS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
199 ST RT. 203			0	6	13
City	State	Zip Code	Amount		
DELAWARE	O H	43015	150.00		
Form(Cash,Check,etc)				CHECK 4756	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		
			0.00		
Form(Cash,Check,etc)					
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		
			0.00		
Form(Cash,Check,etc)					
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		
			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

1,247.00

Total expenditures this event

600.00

Page Total \$ 585.00

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	
JOHN WEIS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
9664 WATERLOO EASTERN RD.			0	7	2
City	State	Zip Code	Amount		
CANAL WINCHESTER	O H	43110	90.00		
Form(Cash,Check,etc)				CASH	
Full Name of Contributor				Registration Number, if PAC	
JEFF GRABMEIER					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1470 WEST 7th AVE #C			0	7	2
City	State	Zip Code	Amount		
COLUMBUS	O H	43212	40.00		
Form(Cash,Check,etc)				CASH	
Full Name of Contributor				Registration Number, if PAC	
JEFF DICKEY					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
47 BRANDON DR			0	7	2
City	State	Zip Code	Amount		
PATASKLA	O H	43062	50.00		
Form(Cash,Check,etc)				CASH	
Full Name of Contributor				Registration Number, if PAC	
TERI RUSLANDER					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1922 SUNRIDGE DR			0	7	2
City	State	Zip Code	Amount		
GROVE CITY	O H	43123	80.00		
Form(Cash,Check,etc)				CASH	
Full Name of Contributor				Registration Number, if PAC	
TOM DORRIS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
320 WEST PARK DR.			0	7	2
City	State	Zip Code	Amount		
GREENVILLE	O H	45331	100.00		
Form(Cash,Check,etc)				CASH	
Full Name of Contributor				Registration Number, if PAC	
CHARLIE HAW					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
108 JAHN DR.			0	7	2
City	State	Zip Code	Amount		
GAHANNA	O H	43230	40.00		
Form(Cash,Check,etc)				CASH	
Full Name of Contributor				Registration Number, if PAC	
NORM LINK					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
862 RIDENOUR RD.			0	7	2
City	State	Zip Code	Amount		
GAHANNA	O H	43230	20.00		
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 \$ 420.00

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	
ANDREA PEEPLES					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5596 WINDSOR WOODS DR.			0	7	2
City	State	Zip Code			
GAHANNA	O H	43230	9	0	6
				Form(Cash,Check,etc)	Amount
				CASH	35.00
Full Name of Contributor				Registration Number, if PAC	
STEVE DEERE					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1543 FALLBROOK RD.			0	7	2
City	State	Zip Code			
COLUMBUS	O H	43223	9	0	6
				Form(Cash,Check,etc)	Amount
				CASH	35.00
Full Name of Contributor				Registration Number, if PAC	
BONNIE MILLER					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
8477 SOMERSET ROAD			0	7	2
City	State	Zip Code			
THORNVILLE	O H	43076	9	0	6
				Form(Cash,Check,etc)	Amount
				CASH	35.00
Full Name of Contributor				Registration Number, if PAC	
GEORGE W. FRANNEY					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
8477 SOMERSET ROAD			0	7	2
City	State	Zip Code			
THORNVILLE	O H	43076	9	0	6
				Form(Cash,Check,etc)	Amount
				CASH	20.00
Full Name of Contributor				Registration Number, if PAC	
TOMI DORRIS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
364 OLENTANGY FOREST DR.			0	7	2
City	State	Zip Code			
COLUMBUS	O H	43214	9	0	6
				Form(Cash,Check,etc)	Amount
				CASH	60.00
Full Name of Contributor				Registration Number, if PAC	
C. YOLANDA DORRIS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1700 N. COURT ST.			0	7	2
City	State	Zip Code			
CIRCLEVILLE	O H	43113	9	0	6
				Form(Cash,Check,etc)	Amount
				CHECH 7538	100.00
Full Name of Contributor				Registration Number, if PAC	
RUSSELL C. GOODWIN JR.					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
103 FIRST AVE.			0	7	2
City	State	Zip Code			
COLUMBUS	O H	43201	9	0	6
				Form(Cash,Check,etc)	Amount
				CHECK 2314	35.00

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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 \$ 320.00

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 EMILY M. MOWRY			Registration Number, if PAC				
Street Address 5506 GENOA FARMS BLVD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	9
				0	6		40.00
City WESTERVILLE		State O	H	Zip Code 43082		Form(Cash,Check,etc) CHECK 2114	
Full Name of Contributor ERIC BAKER			Registration Number, if PAC				
Street Address 3612 PREAMBLE LN.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	9
				0	6		100.00
City COLUMBUS		State O	H	Zip Code 43207		Form(Cash,Check,etc) CHECK 3918	
Full Name of Contributor EILEEN PALEY			Registration Number, if PAC				
Street Address 668 BELLAMY PL.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	9
				0	6		25.00
City COLUMBUS		State O	H	Zip Code 43213		Form(Cash,Check,etc) CHECK 2343	
Full Name of Contributor ROBERT YOUNG			Registration Number, if PAC				
Street Address 7040 BOLD FORBES CT.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	9
				0	6		75.00
City BLACKLICK		State O	H	Zip Code 43004		Form(Cash,Check,etc) CHECK 2194	
Full Name of Contributor M. A. SHORT			Registration Number, if PAC				
Street Address 160 E. PACEMONT RD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	9
				0	6		70.00
City COLUMBUS		State O	H	Zip Code 43202		Form(Cash,Check,etc) CHECK 2976	
Full Name of Contributor M. FRANCIS DORRIS			Registration Number, if PAC				
Street Address 199 ST RT. 203		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	9
				0	6		70.00
City DELAWARE		State O	H	Zip Code 43015		Form(Cash,Check,etc) CHECK 4761	
Full Name of Contributor MICHAEL A. WIMBUSH			Registration Number, if PAC				
Street Address 398 OLENTENGY FOREST DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	9
				0	6		100.00
City COLUMBUS		State O	H	Zip Code 43214		Form(Cash,Check,etc) CHECK 304	

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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

1,220.00

Total expenditures this event

550.00

Page Total \$ 480.00

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	
Deborah S. Jones					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
722 Ronson Ave			0	8	2
City	State	Zip Code	6	0	6
Gahanna	OH	43230	Form(Cash,Check,etc)		
				Check 1262	
Full Name of Contributor				Registration Number, if PAC	
Pam Temple					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
412 Brevoort Road			0	8	2
City	State	Zip Code	6	0	6
Columbus	OH	43214	Form(Cash,Check,etc)		
				Check 1707	
Full Name of Contributor				Registration Number, if PAC	
Marjorie J. Rizalvo					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1252 EASTWOOD AVE			0	8	2
City	State	Zip Code	6	0	6
Columbus	OH	43203	Form(Cash,Check,etc)		
				Check 1222	
Full Name of Contributor				Registration Number, if PAC	
Marjorie J. Rizalvo					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	8	2
City	State	Zip Code	6	0	6
Columbus	OH	43203	Form(Cash,Check,etc)		
				Cash	
Full Name of Contributor				Registration Number, if PAC	
Erin Ciraldo					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
481 Wyandotte Avenue			0	8	2
City	State	Zip Code	6	0	6
Columbus	OH	43202	Form(Cash,Check,etc)		
				Cash	
Full Name of Contributor				Registration Number, if PAC	
Suzanne Bell					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
7372 Borad Street			0	8	2
City	State	Zip Code	6	0	6
Blacklick	OH	43004	Form(Cash,Check,etc)		
				Check 1740	
Full Name of Contributor				Registration Number, if PAC	
Lisa Borelli					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
206 Olentangy Street			0	8	2
City	State	Zip Code	6	0	6
Columbus	OH	43202	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 \$ 270.00

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 DIANE JENSEN			Registration Number, if PAC				
Street Address 5934 McIntyre Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dublin		State OH	Zip Code 43016	0	8	2	6
			Form(Cash,Check,etc) Check 1703				25.00
Full Name of Contributor Anne Price			Registration Number, if PAC				
Street Address 159 East Pacement		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43214	0	8	2	6
			Form(Cash,Check,etc) Check 2986				25.00
Full Name of Contributor Sadie Michael			Registration Number, if PAC				
Street Address 206 Olentangy Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43214	0	8	2	6
			Form(Cash,Check,etc) Cash				25.00
Full Name of Contributor Susan L. Hiser			Registration Number, if PAC				
Street Address 3690 Christopher Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Grove City		State OH	Zip Code 43123	0	8	2	6
			Form(Cash,Check,etc) CHECK 437				30.00
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				

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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

375.00

Total expenditures this event

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Page Total \$ 105.00

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

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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 \$ 450.00

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		
Lawrence Owen						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
558 E Stanton Avenue			0	8	2	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43214	CHECK 6313			
Full Name of Contributor				Registration Number, if PAC		
Nancy Bell Stewart						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
153 E Charleston Avenue			0	8	2	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43214	CHECK 2105			
Full Name of Contributor				Registration Number, if PAC		
Meri Jo Warner						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4460 Rosemary Parkway			0	8	2	40.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43214	Cash			
Full Name of Contributor				Registration Number, if PAC		
John Guyton						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
586 Charleston Avenue			0	8	2	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43214	CHECK 3033			
Full Name of Contributor				Registration Number, if PAC		
Jan Fleming						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
44 E California			0	8	2	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43202	CHECK 8730			
Full Name of Contributor				Registration Number, if PAC		
Richard Lillash						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
91 W Royal Forest Drive			0	8	2	40.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43214	CHECK 2441			
Full Name of Contributor				Registration Number, if PAC		
Martha Maas						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
93 E Longview			0	8	2	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43202	CHECK 2076			

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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 \$ 255.00

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	
Robert Cody					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3360 Tremont Road			0	8	2
City	State	Zip Code	Amount		
Columbus	OH	43221	40.00		
Form(Cash,Check,etc)				CHECK 6220	
Full Name of Contributor				Registration Number, if PAC	
Randi Carnahan					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
332 COLONIAL AVE.			0	8	2
City	State	Zip Code	Amount		
WORTHINGTON	OH	43085	50.00		
Form(Cash,Check,etc)				CHECK 3610	
Full Name of Contributor				Registration Number, if PAC	
Jerry Grier					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5311 Woodglen Road			0	8	2
City	State	Zip Code	Amount		
Columbus	OH	43214	25.00		
Form(Cash,Check,etc)				CHECK 1449	
Full Name of Contributor				Registration Number, if PAC	
Carole Depaola					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4944 Buck Thorn Lane			0	8	2
City	State	Zip Code	Amount		
Columbus	OH	43220	25.00		
Form(Cash,Check,etc)				CHECK 10272	
Full Name of Contributor				Registration Number, if PAC	
Miriam Utter					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
194 Simsbury Drive			0	8	2
City	State	Zip Code	Amount		
Worthington	OH	43085	40.00		
Form(Cash,Check,etc)				CHECK 5798	
Full Name of Contributor				Registration Number, if PAC	
MANFRED LUTTINGER					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2326 BRANDON RD			0	8	2
City	State	Zip Code	Amount		
Columbus	OH	43221	25.00		
Form(Cash,Check,etc)				CHECK 6620	
Full Name of Contributor				Registration Number, if PAC	
Cantherine Logsdon					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
175 W Weisheimer			0	8	2
City	State	Zip Code	Amount		
Columbus	OH	43214	25.00		
Form(Cash,Check,etc)				CHECK 00007	

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Total contributions this event

935.00

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		
WILLIAM SNOWMAN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3328 COLCHESTER RD			1	0	9	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
UPPER ARLINGTON	O H	43221	CHECK 1329			
Full Name of Contributor				Registration Number, if PAC		
ERIC FREECE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4488 ZELLER RD			1	0	9	15.00
City	State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS	O H	43214	CHECK 10085			
Full Name of Contributor				Registration Number, if PAC		
LISA DADONE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4840 POWELL RD			1	0	9	10.00
City	State	Zip Code	Form(Cash,Check,etc)			
POWELL	O H	43065	CASH			
Full Name of Contributor				Registration Number, if PAC		
ROBERT YOUNG						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7040 BOLD FORBES CT			1	0	9	75.00
City	State	Zip Code	Form(Cash,Check,etc)			
BLACKLICK	O H	43004	CHECK 2279			
Full Name of Contributor				Registration Number, if PAC		
PAULA DEMING						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6775 ALLOWAY ST. WEST			1	0	9	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
WORTHINGTON	O H	43085	CHECK 6122			
Full Name of Contributor				Registration Number, if PAC		
DEBORAH BERTSCH						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
51 W. DOMINION BLVD.			1	0	9	30.00
City	State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS	O H	43214	CHECK 2102			
Full Name of Contributor				Registration Number, if PAC		
CICILY SWEET						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4450 ROSEMARY PKWY			1	0	9	15.00
City	State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS	O H	43214	CHECK 4630			

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Total contributions this event

Total expenditures this event

Page Total \$ 220.00

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

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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

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		
GREG FOWN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
13642 CARRIAGE LN.			1	0	09	10.00
City	State	Zip Code	Form(Cash,Check,etc)			
PICKERINGTON	O H	43147	CASH			
Full Name of Contributor				Registration Number, if PAC		
PATRICE ETTER						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
94 W. DOMINION BLVD.			1	0	09	10.00
City	State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS	O H	43214	CHECK 4174			
Full Name of Contributor				Registration Number, if PAC		
HARRY PEACHY						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4617 ST. RT. 42			1	0	09	10.00
City	State	Zip Code	Form(Cash,Check,etc)			
CARDINGTON	O H	43315	CASH			
Full Name of Contributor				Registration Number, if PAC		
ANN BOSSARD						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
82 W. DOMINION BLVD			1	0	09	20.00
City	State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS	O H	43214	CHECK 4180			
Full Name of Contributor				Registration Number, if PAC		
GREG SCHWAB						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
564 TIMBERLAKE DR.			1	0	09	20.00
City	State	Zip Code	Form(Cash,Check,etc)			
WESTERVILLE	O H	43081	CASH			
Full Name of Contributor				Registration Number, if PAC		
ALISON MARKER						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
401 CANYON DR. N			1	0	09	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS	O H	43214	CHECK 567			
Full Name of Contributor				Registration Number, if PAC		
JANICE YOUNG						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7040 BOLD FORBES CT.			1	0	09	28.00
City	State	Zip Code	Form(Cash,Check,etc)			
BLACKLICK	O H	43004	CASH			

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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

528.00

Total expenditures this event

Page Total \$ 123.00

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			
SPICE BAR & LOUNGE					0	6	1	3	0	6	600.00
Address			Purpose								
491 PARK ST			VENUE RENTAL								
City		State	Zip Code	Check Number							
COLUMBUS		O	H	43215		1014					
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							
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	Zip Code	Check Number							
To Whom Paid					M	D	Y	Amount			

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.

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
F O P CAPITAL CITY 9					0	6	1	150.00
Address		Purpose						
520 SOUTH HIGH STREET		VENUE RENTAL						
City	State	Zip Code	Check Number					
COLUMBUS	O H	43215	1016					
To Whom Paid					M	D	Y	Amount
TRAVIS PARKER					0	7	2	100.00
Address		Purpose						
520 SOUTH HIGH STREET		FOP SECURITY FOR VENUE RENTAL						
City	State	Zip Code	Check Number					
COLUMBUS	O H	43215	1027					
To Whom Paid					M	D	Y	Amount
KOTTERMAN BROTHERS					0	6	2	300.00
Address		Purpose						
		FOOD FOR PIG ROAST						
City	State	Zip Code	Check Number					
GLENFORD	O H		1020					
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		Employer, Occupation, Labor Organization *		Registration Number, if PAC		
MARY ANN SHORT						
Street Address		Description of Item or Service		M	D	Y
160 E PACEMONT		COST FOR HOUSE PARTY		0	3	2
City		State	Zip Code	Fair Market Value		
COLUMBUS		O H	43202	0	3	0
				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		
BARCLAY HASTINGS						
Street Address		Description of Item or Service		M	D	Y
457 CHARLESTON AVE		COST OF FUND RAISER		0	8	2
City		State	Zip Code	Fair Market Value		
COLUMBUS		O H	43214	0	8	2
				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		
MERI JO WARNER						
Street Address		Description of Item or Service		M	D	Y
4460 ROSEMARY PKWY		COST OF FUND RAISER		1	0	0
City		State	Zip Code	Fair Market Value		
COLUMBUS		O H	43214	1	0	0
				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		
TOMI L. DORRIS						
Street Address		Description of Item or Service		M	D	Y
364 OLENTANGY FOREST DR.		FUNDING FOR TV AD		0	8	2
City		State	Zip Code	Fair Market Value		
COLUMBUS		O H	43214	0	8	2
				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		
TOMI L. DORRIS						
Street Address		Description of Item or Service		M	D	Y
364 OLENTANGY FOREST DR.		FUNDING FOR TV AD		0	9	2
City		State	Zip Code	Fair Market Value		
COLUMBUS		O H	43214	0	9	2
				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
City		State	Zip Code	Fair Market Value		
				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
City		State	Zip Code	Fair Market Value		
				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
City		State	Zip Code	Fair Market Value		
				Received at Fundraising Event?		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

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