

# Statement of 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 <b>BETTIE K. ANDERSON</b>						Registration Number, if PAC							
Street Address <b>8585 SUMMA AVE. APT. 423</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK #3145</b>						
City <b>BATON ROUGE</b>		State <b>L   A</b>		Zip Code <b>70809</b>		M <b>0   4</b>		D <b>0   8</b>		Y <b>0   6</b>		Amount <b>20.00</b>	
Full Name of Contributor <b>ED McCARTNEY</b>						Registration Number, if PAC							
Street Address <b>204 HOLCOMB STREET</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK # 734</b>						
City <b>SIMSBURY</b>		State <b>C   T</b>		Zip Code <b>06070</b>		M <b>0   4</b>		D <b>0   8</b>		Y <b>0   6</b>		Amount <b>10.00</b>	
Full Name of Contributor <b>MICHAEL J. WIHL</b>						Registration Number, if PAC							
Street Address <b>66 SOUTH GRANT AVE. APT 3</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK #1615</b>						
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   4</b>		D <b>0   8</b>		Y <b>0   6</b>		Amount <b>25.00</b>	
Full Name of Contributor <b>JOSEPH DRAGOVICH</b>						Registration Number, if PAC							
Street Address <b>95 RUSSO DRIVE</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK #4254</b>						
City <b>CANFIELD</b>		State <b>O   H</b>		Zip Code <b>44406</b>		M <b>0   4</b>		D <b>1   1</b>		Y <b>0   6</b>		Amount <b>50.00</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>	
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>	
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>	
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)]