

Event Date	03/16/06
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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 MICHAEL J. POCOCK				Registration Number, if PAC			
Street Address 3509 SUNSET DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City UPPER ARLINGTON		State O H	Zip Code 43220	Form(Cash,Check,etc) CASH			
Full Name of Contributor RENE' L. CERDA				Registration Number, if PAC			
Street Address 5656 PLEASANT HILL DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	35.00
City HILLIARD		State O H	Zip Code 43026	Form(Cash,Check,etc) CHECK-2790			
Full Name of Contributor JOHN E. DUVALL JR.				Registration Number, if PAC			
Street Address 11455 HUNTINGTON WAY		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City PICKERINGTON		State O H	Zip Code 43147	Form(Cash,Check,etc) CHECK-6279			
Full Name of Contributor ROBERT A. KOENIG				Registration Number, if PAC			
Street Address 4315 JENNY DAWN PLACE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City HILLIARD		State O H	Zip Code 43026	Form(Cash,Check,etc) CHECK-3766			
Full Name of Contributor GEORGE E. LEWIS				Registration Number, if PAC			
Street Address 323 BUCK RUN TRAIL		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City WESTERVILLE		State O H	Zip Code 43082	Form(Cash,Check,etc) CHECK-6095			
Full Name of Contributor VERNON C. CHENEVEY				Registration Number, if PAC			
Street Address 2075 BROOKHURST AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City COLUMBUS		State O H	Zip Code 43229	Form(Cash,Check,etc) CHECK-3463			
Full Name of Contributor JONATHAN D. DOZER				Registration Number, if PAC			
Street Address 8280 MORGAN ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City WEST JEFFERSON		State O H	Zip Code 43162	Form(Cash,Check,etc) CHECK-2433			

* 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 \$ 385.00