

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 BRIAN GEIGER				Registration Number, if PAC	
Street Address 668 BELLAMY PL.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City COLUMBUS	State O H	Zip Code 43213	Form(Cash,Check,etc) CASH		Amount 40.00
Full Name of Contributor DENNIS WHITE				Registration Number, if PAC	
Street Address 101 WALNUT DR.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City COLUMBUS	State O H	Zip Code 43217	Form(Cash,Check,etc) CASH		Amount 100.00
Full Name of Contributor MICHAEL W. McELLIGOTT				Registration Number, if PAC	
Street Address 511 E. JEFFREY PL.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City COLUMBUS	State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK 3653		Amount 147.00
Full Name of Contributor CAROL A. WRIGHT				Registration Number, if PAC	
Street Address 318 BERGER ALLEY	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City COLUMBUS	State O H	Zip Code OHIO	Form(Cash,Check,etc) CHECK 2918		Amount 50.00
Full Name of Contributor THOMAS C. TOOTLE				Registration Number, if PAC	
Street Address 5971 HILDENBORO DR	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City DUBLIN	State O H	Zip Code 43017	Form(Cash,Check,etc) CHECK 1669		Amount 75.00
Full Name of Contributor JAMES R. RISHEL				Registration Number, if PAC	
Street Address 7288 LEE ROAD	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City WESTERVILLE	State O H	Zip Code 43081	Form(Cash,Check,etc) CHECK 13776		Amount 150.00
Full Name of Contributor MERI JO WARNER				Registration Number, if PAC	
Street Address 4460 ROSEMARY PARKWAY	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City COLUMBUS	State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK 2278		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)]

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**