

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 CHARLIE HAW				Registration Number, if PAC	
Street Address 108 JAHN COURT		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City GAHANNA		State O H	Zip Code 43230	Form(Cash,Check,etc) CASH	
Full Name of Contributor MICHAEL J. POCOCK				Registration Number, if PAC	
Street Address 3509 SUNSET DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 5.00
City UPPERARLINGTON		State O H	Zip Code 43220	Form(Cash,Check,etc) CASH	
Full Name of Contributor BONNIE MILLER				Registration Number, if PAC	
Street Address 8477 SOMERSET ROAD		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 10.00
City SOMERSET		State O H	Zip Code 43076	Form(Cash,Check,etc) CASH	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

* 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

1,870.00

Total expenditures this event

477.16

Page Total \$ **65.00**