



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee DALLAS BALDWIN FOR SHERIFF				
Full Name of Contributor Carpenter Local Union 200 PCE			Registration Number, if PAC	
Street Address 1545 Alum Creek Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/17/2019
City Columbus		State CT <input type="checkbox"/>	Zip Code 43209	Amount \$ 300.00
Form (Cash, Check, Etc) Check # 001153				
Full Name of Contributor Firefighters Local #67			Registration Number, if PAC PAC Fund # LA 839	
Street Address 379 West Broad Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/23/2019
City Columbus		State OH <input type="checkbox"/>	Zip Code 43215	Amount \$ 300.00
Form (Cash, Check, Etc) Check # 1827				
Full Name of Contributor Friday's Creations			Registration Number, if PAC	
Street Address 5990 E. Livingston Avenue		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/25/2019
City Columbus		State OH <input type="checkbox"/>	Zip Code 43232	Amount \$ 100.00
Form (Cash, Check, Etc) Check # 001317				
Full Name of Contributor Grassroots Strategies, LLC			Registration Number, if PAC	
Street Address 5990 E. Livingston Avenue		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/25/2019
City Columbus		State OH <input type="checkbox"/>	Zip Code 43232	Amount \$ 100.00
Form (Cash, Check, Etc) Check # 000800				
Full Name of Contributor IBEW 683 PCE			Registration Number, if PAC	
Street Address 939 Goodale Blvd., Ste 100		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019
City Columbus		State OH <input type="checkbox"/>	Zip Code 43212	Amount \$400.00
Form (Cash, Check, Etc) Check # 1756				

* 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 also 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
\$8,740.00

Total Expenditures This Event
\$ 3,712.00

Page Total \$ 1,200