



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 Ready Investigative Services, LLC			Registration Number, if PAC	
Street Address PO Box 356		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2019
City Amlin		State OH	Zip Code 43002	Amount \$ 150.00
Form (Cash, Check, Etc) Check # 302				
Full Name of Contributor Richard Minard			Registration Number, if PAC	
Street Address 6429 Buckner St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2019
City Canal Winchester		State OH	Zip Code 43110	Amount \$ 100.00
Form (Cash, Check, Etc) Check # 155				
Full Name of Contributor Michael Shannon			Registration Number, if PAC	
Street Address 5166 Etna Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/02/2019
City Whitehall		State OH	Zip Code 43213	Amount \$ 400.00
Form (Cash, Check, Etc) Check # 4492				
Full Name of Contributor J. E. Smith			Registration Number, if PAC	
Street Address 2080 Berry Hill Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/26/2019
City Grove City		State OH	Zip Code 43123	Amount \$ 100.00
Form (Cash, Check, Etc) Check # 6344				
Full Name of Contributor Kevin Smith Insurance Agency, Inc			Registration Number, if PAC	
Street Address 415 N. Reynoldsburg New Albany Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2019
City Blacklick		State OH	Zip Code 43004	Amount \$ 300.00
Form (Cash, Check, Etc) Check # 17908				

* 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 \$ 1,050.00