



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 Kevin Bayless			Registration Number, if PAC	
Street Address 503 Parsley Place		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/05/2019
City Gahanna		State OH <input type="checkbox"/>	Zip Code 43230	Amount \$ 500.00
Form (Cash, Check, Etc) Check #1247				
Full Name of Contributor Carpenters Local Union 206 CPE			Registration Number, if PAC	
Street Address 1545 Alum Creek Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/02/2019
City Columbus		State OH <input type="checkbox"/>	Zip Code 43209	Amount \$ 500.00
Form (Cash, Check, Etc) Check #1141				
Full Name of Contributor Eitel's Towing Service, Inc.			Registration Number, if PAC	
Street Address 7111 Stahl Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/15/2019
City Orient		State OH <input type="checkbox"/>	Zip Code 43146	Amount \$ 2,500.00
Form (Cash, Check, Etc) Check #35090				
Full Name of Contributor Bruce W. Hamler			Registration Number, if PAC	
Street Address 6256 Ardenlee Court		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/07/2019
City Dublin		State OH <input type="checkbox"/>	Zip Code 43017	Amount \$ 50.00
Form (Cash, Check, Etc) Check #2671				
Full Name of Contributor Kelly A. Keys			Registration Number, if PAC	
Street Address 3255 Kauffman Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/30/2019
City Carroll		State OH <input type="checkbox"/>	Zip Code 43112	Amount \$ 200.00
Form (Cash, Check, Etc) Check #5025				

* 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
15,320.00

Total Expenditures This Event
3,941.25

Page Total \$ 3750.00