



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 Napoleon A. Bell III			Registration Number, if PAC	
Street Address 1975 Sunbury Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/10/2019	Amount \$ 100.00
City Columbus	State OH ☐	Zip Code 43219	Form (Cash, Check, Etc) Check # 4163	
Full Name of Contributor Franklin County Democratic Party			Registration Number, if PAC	
Street Address 340 E. Fulton Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 250.00
City Columbus	State OH ☐	Zip Code 43215	Form (Cash, Check, Etc) Check # 4266	
Full Name of Contributor Marco Miller			Registration Number, if PAC	
Street Address 6293 Ballmer Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 500.00
City Canal Winchester	State OH ☐	Zip Code 43110	Form (Cash, Check, Etc) Check # 2064	
Full Name of Contributor Richard D. MinerD			Registration Number, if PAC	
Street Address 6429 Buckner Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 200.00
City Canal Winchester	State OH ☐	Zip Code 43110	Form (Cash, Check, Etc) Check # 1001	
Full Name of Contributor Barbara E. Baldwin, Treasurer			Registration Number, if PAC	
Street Address 3697 Juniper Street	Employer/Occupation/Labor Organization* Returned \$80 of Unused Funds \$120 , Contributions under \$20		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 200.00
City Grove City	State OH ☐	Zip Code 43123	Form (Cash, Check, Etc) CASH	

* 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 \$ 1250.00