

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Dallas Baldwin for Sheriff					
Full Name of Contributor Jobs America PAC				Registration Number, if PAC	
Street Address 345 E. Town Street		Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$750.00
Full Name of Contributor Jordan E. Davis				Registration Number, if PAC	
Street Address 2458 Bristol Road		Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$750.00
Full Name of Contributor Shyam V. Rajadhyaksha				Registration Number, if PAC	
Street Address 6121 Huntley Road		Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus		State OH	Zip Code 43229	Y 0	Amount \$750.00
Full Name of Contributor Firefighters Local 67 PAC Fund 04-16/PAC Fund No. LA 839				Registration Number, if PAC	
Street Address 379 W. Broad Street		Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$750.00
Full Name of Contributor Gilbane Building Company				Registration Number, if PAC	
Street Address 950 Main Avenue, Suite #1410		Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Cleveland		State OH	Zip Code 44113	Y 1	Amount \$750.00
Full Name of Contributor Columbus/Central Ohio Building Trades Council-Education Fund				Registration Number, if PAC	
Street Address 555 E. Rich Street		Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$750.00
Full Name of Contributor Pizzuti PAC/OH 1280				Registration Number, if PAC	
Street Address 629 N. High Street, Suite #500		Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$750.00

* 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

Total expenditures this event.

10,417.00

8,138.41

Page Total \$ **\$5,250.00**