

TUN PAPER FILING UNIT

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

Prescribed by Secretary of State 03/05

Page 4

6/30/16

Name of Committee in Full Dallas Baldwin for Sheriff				
Full Name of Contributor Plumbers & Pipefitters L.U. 189 Separate Segregated Fund			Registration Number, if PAC 6220	
Street Address 1250 Kinnear Rd.	Employer/Occupation/Labor Organization*		M 0 D 6 Y 2 9 1 6	Amount \$250
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Byers Mazda/ Subaru			Registration Number, if PAC	
Street Address PO Box 16513	Employer/Occupation/Labor Organization*		M 0 D 6 Y 1 6 1 6	Amount \$250
City Columbus	State OH	Zip Code 43216	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dempseys Food & Spirits Operating Account			Registration Number, if PAC	
Street Address 346 S. High Street	Employer/Occupation/Labor Organization*		M 0 D 5 Y 2 0 1 6	Amount \$250
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Franklin County, AFL-CIO PCE			Registration Number, if PAC	
Street Address 1545 Alum Creek Dr., 2nd Floor	Employer/Occupation/Labor Organization*		M 0 D 6 Y 0 8 1 6	Amount \$650
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor David Conley			Registration Number, if PAC	
Street Address 4140 Basswood Ave.	Employer/Occupation/Labor Organization* Retired		M 0 D 6 Y 2 2 1 6	Amount \$650
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nikki Dinaro			Registration Number, if PAC	
Street Address 354 Linden Circle	Employer/Occupation/Labor Organization* Best Effort		M 6 D 2 Y 7 1 6	Amount \$250
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Morehart for Judge			Registration Number, if PAC	
Street Address 225 E. Broad Street	Employer/Occupation/Labor Organization*		M 0 D 6 Y 2 4 1 6	Amount \$250
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	

* 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.

~~0.00~~
\$71,100.00

0.00

\$2,550