



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 Jeffrey V. Warbis		Registration Number, if PAC	
Street Address 3793 Clay Bank Drive	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/15/2019	Amount \$ 500.00
City Hillard	State OH <input type="checkbox"/>	Zip Code 43026	Form (Cash, Check, Etc) Check # 10637
Full Name of Contributor Benson H. Collier		Registration Number, if PAC	
Street Address 4508 Sweetwater Blvd.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 03/19/2019	Amount \$ 250.00
City Murrells Inlet	State SC <input type="checkbox"/>	Zip Code 29576	Form (Cash, Check, Etc) Check # 155
Full Name of Contributor Columbus Franklin County. AFL-CIO PCE		Registration Number, if PAC	
Street Address 1525 Alum Creek Drive	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/18/2019	Amount \$ 700.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) Check # 1380
Full Name of Contributor IBEW PAC Voluntary Fund		Registration Number, if PAC	
Street Address 900 Seventh Street, NW	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/15/2019	Amount \$ 700.00
City Washington, D.C.	State <input type="checkbox"/>	Zip Code 20001	Form (Cash, Check, Etc) Check # 039990
Full Name of Contributor Firefighters Local 67 PAC Fund 04/16		Registration Number, if PAC LA 839	
Street Address 379 West Broad Street	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/24/2019	Amount \$ 1,000.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check # 1811

* 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 \$ 3,150.00