



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 Shyam V Rajadhyakdha			Registration Number, if PAC	
Street Address 6121 Huntley Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/30/2019
City Columbus		State OH	Zip Code 43229	Amount \$ 115.00
Form (Cash, Check, Etc) Check # 5031				
Full Name of Contributor Stealth Auto Recovery			Registration Number, if PAC	
Street Address 3430 Westerville Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2019
City Columbus		State OH	Zip Code 43224	Amount \$ 100.00
Form (Cash, Check, Etc) Check # 1304				
Full Name of Contributor Jason White			Registration Number, if PAC	
Street Address 6255 Janes Way		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2019
City Hilliard		State OH	Zip Code 43026	Amount \$ 500.00
Form (Cash, Check, Etc) Check # 10653023				
Full Name of Contributor Wings Restaurant			Registration Number, if PAC	
Street Address 2801 E. Main Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2019
City Columbus		State OH	Zip Code 43209	Amount \$ 150.00
Form (Cash, Check, Etc) Check # 38315				
Full Name of Contributor Meyers Jewelers			Registration Number, if PAC	
Street Address 1494 Stringtown Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2019
City Grove City		State OH	Zip Code 43123	Amount \$ 100.00
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
\$ 8,740.00

Total Expenditures This Event
\$ 3,712.00

Page Total \$ 965.00