

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 Gloria J. Richards			Registration Number, if PAC	
Street Address 7964 Holyrood Court	Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Y 1	Amount \$750.00
Form (Cash, Check, etc.) Check #3899				
Full Name of Contributor Michael S. Schoen			Registration Number, if PAC	
Street Address 4970 Park Avenue West	Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Seville	State OH <input checked="" type="checkbox"/>	Zip Code 44273	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check #1247				
Full Name of Contributor Joseph D. Coram			Registration Number, if PAC	
Street Address 4225 Ashway Avenue SE	Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Canton	State OH <input checked="" type="checkbox"/>	Zip Code 44707	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check #3022				
Full Name of Contributor Sean A. Mentel			Registration Number, if PAC	
Street Address 1824 Collingswood Road	Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check #183				
Full Name of Contributor Dewey R. Stokes			Registration Number, if PAC	
Street Address 750 Willow Bend Lane	Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43204	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check #10001				
Full Name of Contributor Vorys Sater Seymour and Pease LLP, Advocate for Effective Public Administration			Registration Number, if PAC Registration Number OH109	
Street Address 52 E. Gay Street	Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check #2684				
Full Name of Contributor Plymale & Dingus LLC			Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite #600	Employer/Occupation/Labor Organization* Golf Outing/Fundraiser		M 0	D 5
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check #6741				

* 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 \$ 2,750.00