



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 CITIZENS For Richard Brown		Registration Number, if PAC	
Street Address 546 East Town Street	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/26/2019	Amount \$ 100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check # 2083
Full Name of Contributor CITIZENS for Lori Tyack		Registration Number, if PAC	
Street Address 545 East Town Street	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/17/2019	Amount \$ 125.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check # 1339
Full Name of Contributor John S. Audet		Registration Number, if PAC	
Street Address 926 S. Roosevelt Avenue	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/17/2019	Amount \$ 250.00
City Bexley	State OH <input type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) Check # 896
Full Name of Contributor D. A. Conley		Registration Number, if PAC	
Street Address 4140 Basswood Avenue	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/24/2019	Amount \$ 800.00
City Grove City	State OH <input type="checkbox"/>	Zip Code 43123	Form (Cash, Check, Etc) Check # 3672
Full Name of Contributor Mary F. McCue		Registration Number, if PAC	
Street Address 4598 Bridle Path Lane	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 04/19/2019	Amount \$ 500.00
City Dublin	State OH <input type="checkbox"/>	Zip Code 43017	Form (Cash, Check, Etc) Check # 1664

* 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 \$ 1,775.00