

		•
Event Date	05/06/2019	Page 9

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

Form 31-E

C. 3517 10/B)

Full Name of Committee				<del></del>	R.C. 3517.10(B
DALLAS BALDWIN FOR SHERIFF					
Full Name of Contributor		Registration Number, if PAC			
Pizzuti PAC/OH 1260					
Street Address	Employ	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
629 N. High Street				06/25/2019	\$ 500.00
City	<del></del>	State	Zip Code	Form (Cash, Check, Etc	
Columbus		он ▼	43215	Check # 2167	
Full Name of Contributor			<del></del>	Registration Number, if PAC	
Street Address	Employ	/er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State 🔻	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		<u> </u>	<u> </u>	Registration Number, if PAC	
Street Address	Employ	/er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	L	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			<del>* * * * * * * * * * * * * * * * * * * </del>	Registration Number, if PAC	
Street Address	Employ	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State 🔻	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			<u> </u>	Registration Number, if PAC	
Street Address	Employ	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
* Required for contributions from individuals over notice of the individual's business, if any, rather the aggregate of \$100, the labor organization of whice	han employer s	hould be lis	sted. If two or more empk	oyees contribute via payroll dedu	

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 32000	

Tota	i Expend	itures Thi	s Event
13	94	1.25	

Page	Total :	\$ 500.	00		
-				 	_