



**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 Michael P. Flynn			Registration Number, if PAC	
Street Address 6137 Blacklick Eastern Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/05/2019
City Pickerington		State OH	Zip Code 43147	Amount \$ 100.00
Form (Cash, Check, Etc) Check # 9849				
Full Name of Contributor Committee for Chris Brown			Registration Number, if PAC	
Street Address P.O. Box 9264		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/25/2019
City Columbus		State OH	Zip Code 43209	Amount \$ 100.00
Form (Cash, Check, Etc) Check # 1008				
Full Name of Contributor Kelly A. Keys			Registration Number, if PAC	
Street Address 3255 Kauffman Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/15/2019
City Carroll		State OH	Zip Code 43112	Amount \$ 100.00
Form (Cash, Check, Etc) Check # 5036				
Full Name of Contributor Citizens for Lori Tyack			Registration Number, if PAC	
Street Address 545 E. Town Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code 43215	Amount \$ 75.00
Form (Cash, Check, Etc) Check # 1346				
Full Name of Contributor John S. Audet			Registration Number, if PAC	
Street Address 926 S. Roosevelt Ave.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/23/2019
City Bexley		State OH	Zip Code 43209	Amount \$ 300.00
Form (Cash, Check, Etc) Check # 1975				

* 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 \$ 675.00