



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

Form 31-E
R.C. 3517.10(B)

(Hog Roast)

(1-4 pages)

Full Name of Committee DALLAS BALDWIN FOR SHERIFF				
Full Name of Contributor FOP Political Education Fund 12/11			Registration Number, if PAC	
Street Address 6800 Schrock Hill Court		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/21/2018
City Columbus		State OH	Zip Code 43229	Amount 500.00
Form (Cash, Check, Etc) Check # 1652				
Full Name of Contributor Teamsters Local Union No. 413 Fund Drive			Registration Number, if PAC	
Street Address 555 E. Rich Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/18/2018
City Columbus		State OH	Zip Code 43215	Amount 100.00
Form (Cash, Check, Etc) Check # 1601				
Full Name of Contributor Pizzuti PAC/OH 1260			Registration Number, if PAC PAC/OH 1260	
Street Address 629 N. High Street, STE 500		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/30/2018
City Columbus		State OH	Zip Code 43215	Amount 500.00
Form (Cash, Check, Etc) Check # 2157				
Full Name of Contributor Firefighters Local 67 PAC FUND 04/16			Registration Number, if PAC PAC Fund No. LA 839	
Street Address 3798 W. Broad Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/11/2018
City Columbus		State OH	Zip Code 43215	Amount 200.00
Form (Cash, Check, Etc) Check # 1781				
Full Name of Contributor Teamsters Union Local No. 284 Drive Fund			Registration Number, if PAC	
Street Address 555 E. Rich Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2018
City Columbus		State OH	Zip Code 43215	Amount 500.00
Form (Cash, Check, Etc) Check # 1225				

* 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

4920.00

Total Expenditures This Event

986.90

Page Total \$ 1,800.00