



**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 FOP Political Education Fund 12/11			Registration Number, if PAC	
Street Address 6800 Schrock Hill Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/18/2018	Amount \$ 500.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, Etc) Check # 1641	
Full Name of Contributor Kelly Keys			Registration Number, if PAC	
Street Address 3255 Kauffman Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/27/2018	Amount \$ 200.00
City Carroll	State OH	Zip Code 43112	Form (Cash, Check, Etc) Check # 4985	
Full Name of Contributor Penny Perry			Registration Number, if PAC	
Street Address 4593 Grand Strand Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/25/2018	Amount \$ 50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, Etc) Check # 3180	
Full Name of Contributor Shyam V. Rajadhyaksha			Registration Number, if PAC	
Street Address 6121 Huntley Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/27/2018	Amount \$ 500.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, Etc) Check # 4272	
Full Name of Contributor Teamsters Local Union No #413 Drive Fund			Registration Number, if PAC	
Street Address 555 E. Rich Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/19/2018	Amount \$ 200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check # 1581	

* 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
14,200.00

Total Expenditures This Event
3,501.00

Page Total \$ 1450.00