



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

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

<b>Full Name of Committee</b> DALLAS BALDWIN FOR SHERIFF				
Full Name of Contributor David K. Mills			Registration Number, if PAC	
Street Address 9544 S. Bloomfield Royalton Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2018
City Ashville		State OH	Zip Code 43103	Amount \$ 200.00
Form (Cash, Check, Etc) Check # 2470				
Full Name of Contributor Richard Miner, Jr.			Registration Number, if PAC	
Street Address 410 S. High Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/02/2018
City Columbus		State OH	Zip Code 43215	Amount \$ 250.00
Form (Cash, Check, Etc) Check # 654				
Full Name of Contributor Northwest Advantage Title Agency			Registration Number, if PAC	
Street Address 1160 Dublin Road, Suite 500		Employer/Occupation/Labor Organization* Operating Account		Date (MM/DD/YYYY) 07/31/2018
City Columbus		State OH	Zip Code 43215	Amount \$ 250.00
Form (Cash, Check, Etc) Check # 1372				
Full Name of Contributor Ready Investigative Services, LLC			Registration Number, if PAC	
Street Address PO Box 356		Employer/Occupation/Labor Organization* James Longerbone		Date (MM/DD/YYYY) 08/06/2018
City Amlin		State OH	Zip Code 43002	Amount \$ 250.00
Form (Cash, Check, Etc) Check # 271				
Full Name of Contributor Richard A. Weiner			Registration Number, if PAC	
Street Address 6139 Worthington Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2018
City Westerville		State OH	Zip Code 43082	Amount \$ 125.00
Form (Cash, Check, Etc) Check # 1124				

\* 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 \$ 1075.00