



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 Dennis L. Nicodemus			Registration Number, if PAC	
Street Address 1146 E. Carrousel Drive	Employer/Occupation/Labor Organization* \$50 (Dinner Only)		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 50.00
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Form (Cash, Check, Etc) Cashier's Check	
Full Name of Contributor George Capehart			Registration Number, if PAC	
Street Address 2010 Bellflower Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 100.00
City Grove City	State OH <input type="checkbox"/>	Zip Code 43123	Form (Cash, Check, Etc) CASH	
Full Name of Contributor Steven Boggs			Registration Number, if PAC	
Street Address 12695 Bentley Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 125.00
City Pickerington	State OH <input type="checkbox"/>	Zip Code 43147	Form (Cash, Check, Etc) CASH	
Full Name of Contributor Scott Clinger			Registration Number, if PAC	
Street Address 5133 Phillips Run Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 125.00
City Canal Winchester	State OH <input type="checkbox"/>	Zip Code 43110	Form (Cash, Check, Etc) CASH	
Full Name of Contributor Barbara E. Baldwin, Treasurer			Registration Number, if PAC	
Street Address 3697 Juniper Street	Employer/Occupation/Labor Organization* \$50 X 3 (Dinner Only)		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 150.00
City Grove City	State OH <input type="checkbox"/>	Zip Code 43123	Form (Cash, Check, Etc) CASH	

* 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
15,320.00

Total Expenditures This Event
3,941.25

Page Total \$ 550.00