

ent	Date	05	5/06

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

Form 31-E

	<u>.</u>		· · · · · · · · · · · · · · · · · · ·		R.C. 3517.10(B)
Full Name of Committee			<u> </u>		
DALLAS BALDWIN FOR SHERIFF					
Full Name of Contributor			Registration Number, if PAC		
Dennis L. Nicodemus					
Street Address	t Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
1146 E. Carrousel Drive	\$50 (Dinner Only)		nly)	05/06/2019	\$ 50.00
City	Stat	te	Zip Code	Form (Cash, Check, Etc	Andrew Commence of the Commenc
Reynoldsburg	ОН		43068	Cashier's Check	Bright State Control of the Control
Full Name of Contributor	<u></u>		·	Registration Number, if PAC	
George Capehart					
Street Address	Employer/Oc	cupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2010 Bellflower Court	0 Bellflower Court		05/06/2019	\$ 100.00	
City	Stat	e	Zip Code	Form (Cash, Check, Etc	William Company
Grove City	он		43123	CASH	
Full Name of Contributor				Registration Number, if PAC	
Steven Boggs					
Street Address	Employer/Oc	cupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
12695 Bentley Drive			,	05/06/2019	\$ 125.00
City	Stat	ie	Zip Code	Form (Cash, Check, Etc	saying interest of the second
Pickerington	ОН		43147	CASH	Removed the second of the seco
Full Name of Contributor			Registration Number, if PAC		
Scott Clinger					
Street Address Employer/Occ		cupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5133 Phillips Run Drive			ı	05/06/2019	\$ 125.00
City	Stat	e	Zip Code	Form (Cash, Check, Etc	
Canal Winchester	ОН		43110	CASH	Management of the second of th
Full Name of Contributor			Registration Number, if PAC		
Barbara E. Baldwin, Treasurer	•				
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3697 Juniper Street	\$50 X 3 (Dinner Only)		er Only)	05/06/2019	\$ 150.00
City	Stat	te	Zip Code	Form (Cash, Check, Etc	
Grove City	ОН		43123	CASH	
+ D . ' I for a self-off and find the plants \$400.0	to etatouida a	C-	nomi Accombly condida	tos. If contributor is solf employe	d the accuration and the

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 No. 31-E" and list the date of the event in the date column

Total Contributions Th	is Event
15 320,0	0

3	al Expenditures This Event

			¢ 550 00		
Page Total \$ \$ 550.00	Page	Total \$	\$ 550.00	 	

^{*} 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)]