

TUN PAPER FILLING CIVIL

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee, in Full Dallas Baldwin for Sheriff					
Full Name of Contributor Aramark Political Action Committee				Registration Number, if PAC	
Street Address 1101 Market Street 31st Floor		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Philadelphia	State PA	Zip Code 19107	M 1	D 0	Y 2 8 1 6
				Amount \$1,000	
Full Name of Contributor Robert P. Kirkley				Registration Number, if PAC	
Street Address 7548 Overland Trail		Employer/Occupation/Labor Organization* DLZ, President		Form (Cash, Check, etc.) Check	
City Delaware	State OH	Zip Code 43015	M 1	D 1	Y 4 1 6
				Amount \$250	
Full Name of Contributor OAPSE/AFSCME Turnaround Ohio PAC LA1269				Registration Number, if PAC	
Street Address 6805 Oak Creek Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 2 7 1 6
				Amount \$250.00	
Full Name of Contributor Zack Space				Registration Number, if PAC	
Street Address 4 Parkview Dr		Employer/Occupation/Labor Organization* Principal, Vorys Advisors LLC		Form (Cash, Check, etc.) Online	
City Dover	State OH	Zip Code 44622	M 1	D 1	Y 0 8 1 6
				Amount \$250	
Full Name of Contributor Mo Dioun				Registration Number, if PAC	
Street Address 6253 Riverside Drive, Suite 200		Employer/Occupation/Labor Organization* Developer, Stonehenge		Form (Cash, Check, etc.) Online	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2 5 1 6
				Amount \$500	
Full Name of Contributor Cathy Collins Taylor				Registration Number, if PAC	
Street Address 3955 Hill Park Rd		Employer/Occupation/Labor Organization* Columbus, Dept Public Safety Asst Dir.		Form (Cash, Check, etc.) Online	
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 2 5 1 6
				Amount \$250	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
				Amount	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
				Amount	

* 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)]

Total \$2,500