



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 Ready Investigative Services, LLC			Registration Number, if PAC	
Street Address P.O. Box 356	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/06/2019	Amount \$ 250.00
City Amlin	State OH <input type="checkbox"/>	Zip Code 43002	Form (Cash, Check, Etc) Check # 290	
Full Name of Contributor Dana S.Simmons			Registration Number, if PAC	
Street Address 1612 Early Spring Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 200.00
City Lancaster	State OH <input type="checkbox"/>	Zip Code 43130	Form (Cash, Check, Etc) Check # 103	
Full Name of Contributor R. Michael Taylor			Registration Number, if PAC	
Street Address 222 E. Town Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 500.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check # 358	
Full Name of Contributor Steven R. Tucker			Registration Number, if PAC	
Street Address 527 Davidson Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/27/2019	Amount \$ 200.00
City Ashville	State OH <input type="checkbox"/>	Zip Code 43103	Form (Cash, Check, Etc) Check # 6110	
Full Name of Contributor Woody Fox Bail Bonds			Registration Number, if PAC	
Street Address 289 S. 3rd Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/04/2019	Amount \$ 500.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check # 5008	

* 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 \$ 1650.00