



**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 Friends of Shannon Hardin			Registration Number, if PAC	
Street Address 545 E. Town Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/21/2019	Amount \$ 200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check # 1432	
Full Name of Contributor J. W. Data, LLC			Registration Number, if PAC	
Street Address 1501 Baseline Road, Suite 108	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/10/2019	Amount \$ 168.00
City Gilbert	State AZ	Zip Code 85233	Form (Cash, Check, Etc) Check # 21170	
Full Name of Contributor MD Management, LLC, DBA Dempsey's			Registration Number, if PAC	
Street Address 346 S. High Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check # 2068	
Full Name of Contributor Mo M. Dioun			Registration Number, if PAC	
Street Address 6965 Clivdon Mews	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/06/2019	Amount \$ 500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Check # 1012	
Full Name of Contributor DG Marketing, LLC			Registration Number, if PAC	
Street Address 1501 E. Baseline, Suite 108	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/10/2019	Amount \$ 102.00
City Gilbert	State AZ	Zip Code 85433	Form (Cash, Check, Etc) Check # 48715	

* 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
12,320.00

Total Expenditures This Event
3,941.25

Page Total \$ 1170.00