



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 Geoff Stobart			Registration Number, if PAC	
Street Address 3385 McCammon Estates Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2018
City Lewis Center		State OH	Zip Code 43035	Amount \$ 300.00
		Form (Cash, Check, Etc) M/O # 30112155		
Full Name of Contributor Penny Perry			Registration Number, if PAC	
Street Address 4593 Grand Strand Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2018
City Grove City		State OH	Zip Code 43123	Amount \$ 300.00
		Form (Cash, Check, Etc) M/O # 30112154		
Full Name of Contributor Jason White			Registration Number, if PAC	
Street Address 6255 Janes Way		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2018
City Hilliard		State OH	Zip Code 43026	Amount \$ 500.00
		Form (Cash, Check, Etc) Check # 09680405		
Full Name of Contributor Jobs America PAC			Registration Number, if PAC C00554055	
Street Address 545 E. Town Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/02/2018
City Columbus		State OH	Zip Code 43215	Amount \$ 500.00
		Form (Cash, Check, Etc) Check # 1522		
Full Name of Contributor M. A. Woods			Registration Number, if PAC	
Street Address 6216 Strider Lane		Employer/Occupation/Labor Organization* Mike Woods		Date (MM/DD/YYYY) 08/06/2018
City Hilliard		State OH	Zip Code 43026	Amount \$ 125.00
		Form (Cash, Check, Etc) Check # 5211		

* 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
\$ 14,200.00

Total Expenditures This Event
3,501.00

Page Total \$ 1,725.00