



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 Steven Tucker			Registration Number, if PAC	
Street Address 627 Davidson Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/17/2018
City Ashville		State OH	Zip Code 43103	Amount \$ 200.00
			Form (Cash, Check, Etc) Check # 5098	
Full Name of Contributor Cheryl Brooks Sullivan Committee			Registration Number, if PAC	
Street Address 545 East Town Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/01/2018
City Columbus		State OH	Zip Code 43215	Amount \$ 200.00
			Form (Cash, Check, Etc) Check # 2047	
Full Name of Contributor Vorys Sater Seymour and Pease LLP			Registration Number, if PAC	
Street Address 52 E. Gay Street, PO Box 1008		Employer/Occupation/Labor Organization* Advocate/Public Administration		Date (MM/DD/YYYY) 07/19/2018
City Columbus		State OH	Zip Code 43215	Amount \$ 500.00
			Form (Cash, Check, Etc) Check #2837	
Full Name of Contributor Columbus Franklin County AFL-CIO PCE			Registration Number, if PAC	
Street Address 1525 Alum Creek Drive, 2nd Floor		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/31/2018
City Columbus		State OH	Zip Code 43209	Amount \$ 700.00
			Form (Cash, Check, Etc) Check #1348	
Full Name of Contributor Dave Conley			Registration Number, if PAC	
Street Address 4140 Basswood Avenue		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/01/2018
City Grove City		State OH	Zip Code 43123	Amount \$ 300.00
			Form (Cash, Check, Etc) Check #3605	

* 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 \$ 1900.00