



**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 Miniellis Pizza Inc.			Registration Number, if PAC	
Street Address 1189 Wilson Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/26/2019
				Amount \$ 100.00
City Columbus		State OH <input type="checkbox"/>	Zip Code 43204	Form (Cash, Check, Etc) Check # 21554
Full Name of Contributor The Old Bag of Nails			Registration Number, if PAC	
Street Address 1331 Walcott Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/23/2019
				Amount \$ 100.00
City Columbus		State OH <input type="checkbox"/>	Zip Code 43228	Form (Cash, Check, Etc) Check # 26573
Full Name of Contributor Robison Trucking, LLC			Registration Number, if PAC	
Street Address 2472 Amethyst Lane		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/16/2019
				Amount \$ 100.00
City Grove City		State OH <input type="checkbox"/>	Zip Code 43123	Form (Cash, Check, Etc) Check # 0231
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) 10/03/2019
				Amount \$ 400.00
City Columbus		State OH <input type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) Check # 1404
Full Name of Contributor Firefighters Local 67			Registration Number, if PAC PAC Fund LA 839	
Street Address 379 West Broad Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/30/2019
				Amount \$ 300.00
City Columbus		State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check # 1829

* 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
\$ 8,740.00

Total Expenditures This Event
\$ 3,712.00

Page Total \$ **1,000.00**