



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 Michael P. Flynn			Registration Number, if PAC	
Street Address 6137 Blacklick Eastern Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/09/2018	Amount \$ 200.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, Etc) Check # 9806	
Full Name of Contributor Andrew Eing			Registration Number, if PAC	
Street Address 5013 Giovanni Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/05/2018	Amount \$ 50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, Etc) Check #1251	
Full Name of Contributor IM Political Action Committee			Registration Number, if PAC	
Street Address 250 West Street, Suite 700	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2018	Amount \$ 500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check #10076	
Full Name of Contributor Kennedy Partners, LLC			Registration Number, if PAC	
Street Address 75 Keswick Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/29/2018	Amount \$ 1000.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Check #1476	
Full Name of Contributor Stacie Baker			Registration Number, if PAC	
Street Address 1101 Bergenia Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/12/2018	Amount \$ 50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Check # 398	

* 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
4920.00

Total Expenditures This Event
986.90

Page Total \$ 1800.00