



**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 David K. Mills			Registration Number, if PAC	
Street Address 9544 S. Bloomfield Royalton Road		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 100.00
City Ashville		State OH	Zip Code 43103	Form (Cash, Check, Etc) Check # 2474
Full Name of Contributor Richard D. Brown			Registration Number, if PAC	
Street Address 7559 Bruns Court		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/07/2018	Amount \$ 80.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, Etc) Check #5560
Full Name of Contributor Eileen Paley			Registration Number, if PAC	
Street Address 668 Bellamy Place		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/07/2018	Amount \$20.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, Etc) Check # 5077
Full Name of Contributor Bruce W. Hamler			Registration Number, if PAC	
Street Address 6256 Ardenlee Court		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/07/2018	Amount \$ 40.00
City Dublin		State OH	Zip Code 43217	Form (Cash, Check, Etc) Check # 2624
Full Name of Contributor Napoleon A. Bell II			Registration Number, if PAC	
Street Address 1975 Sunbury Road		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/07/2018	Amount \$ 100.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, Etc) Check # 4137

* 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 \$ 340.00