

TUN PAPER FILING UNIT

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Dallas Baldwin for Sheriff					
Full Name Accidental Deposit of funds for another candidate				Registration Number, if PAC	
Address See Attached	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.) Checks		Amount \$8,050
Full Name Cash donations under \$25				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash		Amount \$345
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

0.00

\$ 8,395.2