



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Supporters of Sam Shim				
Full Name of Contributor Lynn Bartels			Registration Number, if PAC	
Street Address 990 Oberlin Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/06/2017	Amount 50.00
Full Name of Contributor Kimberly Oyer			Registration Number, if PAC	
Street Address 6735 Merwin Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 10/06/2017	Amount 5.00
Full Name of Contributor David Benson			Registration Number, if PAC	
Street Address 6461 Meadowbrook Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/06/2017	Amount 15.00
Full Name of Contributor Melissa Kirtley			Registration Number, if PAC	
Street Address 103 Upland Terrace		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Waverly	State PA	Zip Code 18471	Date (MM/DD/YYYY) 10/06/2017	Amount 10.00
Full Name of Contributor Christina Gasper			Registration Number, if PAC	
Street Address 7766 Henry David Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/06/2017	Amount 10.00

*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)]