

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Supporters of Sam Shim				Registration Number, if PAC			
Full Name of Contributor Diane Souder		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2145 Surry Wood Dr				0	4	0	\$20.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Friends of Donna O'Connor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 5065 Winchell Ct.				0	4	0	\$500.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor David W. Robinson		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address -195 E. Dublin Granville Road				0	4	0	\$50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeanne Melvin		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 866 Beech Drive				0	4	0	\$50.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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

\$1,050.00

Total expenditures this event.

\$450.00

Page Total \$620.00