



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Supporters of Sam Shim				
Full Name of Contributor John Tannous			Registration Number, if PAC	
Street Address 37 E Russell St, Apt A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/18/2017	Amount 25.00
Full Name of Contributor Kari Vernon			Registration Number, if PAC	
Street Address 489 Olenwood Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/07/2017	Amount 25.00
Full Name of Contributor Mauro DeCillis			Registration Number, if PAC	
Street Address 239 Meadow View Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 10/07/2017	Amount 10.00
Full Name of Contributor Kara Johansen			Registration Number, if PAC	
Street Address 6900 Linworth 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 10.00
Full Name of Contributor Jami Schmidt			Registration Number, if PAC	
Street Address 316 Frontenac Pl		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 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)]