



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Supporters of Sam Shim				
Full Name of Contributor Heather Snediker-Morschcheck			Registration Number, if PAC	
Street Address 6719 Evening St		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 25.00
Full Name of Contributor Sara Sampson			Registration Number, if PAC	
Street Address 711 Beautyview Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/06/2017	Amount 15.00
Full Name of Contributor Katherine Quinn			Registration Number, if PAC	
Street Address 6645 Merwin		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 Emily Chalfant			Registration Number, if PAC	
Street Address 440 Loveman Ave		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
Full Name of Contributor Christine Scott			Registration Number, if PAC	
Street Address 6085 Olentangy River Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/04/2017	Amount 50.00

*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)]