

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				
Full Name of Contributor Robert Barkley, Jr.			Registration Number, if PAC	
Street Address 490 Evening Street	Employer/Occupation/Labor Organization*		M D Y 0 4 0 3 1 3	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lucretia S. Pollard			Registration Number, if PAC	
Street Address 446 Haymore Ave. N.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 4 1 3	Amount \$25.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kelly S. Needleman			Registration Number, if PAC	
Street Address -7720 Sefton Park Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 0 3 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Shyam V. Rajadhyaksha			Registration Number, if PAC	
Street Address 6121 Huntly Road	Employer/Occupation/Labor Organization*		M D Y 0 4 0 3 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary C. Woods			Registration Number, if PAC	
Street Address 1022 Blind Brook Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 3 1 3	Amount \$25.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor William R. Teets			Registration Number, if PAC	
Street Address 7761 Williwaw St.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 3 1 3	Amount \$30.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor J. Michael Houlahan			Registration Number, if PAC	
Street Address 6774 Lakeside Cir. W	Employer/Occupation/Labor Organization*		M D Y 0 4 0 3 1 3	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$430.00