3	1	-F	
P	c	3517	10

Event Date	4/3/13	
Page 1		

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Supporters of Sam Shim						
To Whom Paid			M	D.	Yı İ	Amount
Sam Shim			1 1 1	1 1	1 3	\$450.00
Address	Purpose		1-1-1	- !-	. 1.	•
856 Paisley Place	<b>■</b> -	sonal check payment for ca	mpaign kick off at Riva	ge. (Copy	of cano	elled check enclosed.)
City	State	Zip Code	Check Nu	mber		
Worthington	l oh ·	43085				
To Whom Paid		•	M	P	Y	Amount
Address	Purpose			<u>!                                    </u>	! !	
numes :	1.5.7					
City	Staite	Zip Code	Check Nu	ımber		٥
entry	ОН	'	i			
To Whom Paid	10		M	D.	Yi .	Amount
•						
Address	Purpose		·			
City	State	Zip Code	Check Nu	ımber	1	
	OH					
To Whom Paid	•		M	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Nu	ımber		
To Whom Paid	1011		M	D,	Υį	Amount
Address	Purpose					
City	State	Zip Code	Check No	ımber		
1	OH					
To Whom Paid			M		Y	Amount
Address	Purpose			<u>:</u> \_		
City	State	Zip Code	Check No	umber_		* •
	OH '					
To Whom Paid			М	D	Y	Amount
Address	Purpose			<u>. : l</u> .		-
City	State	Zip Code	Check N	umber	1	
City I	OH				į	
		<del></del>				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$450.00
<b>3430.00</b>
Page Total \$