

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 Sam Shim						M	D	Y	Amount \$450.00			
						0	4	0	6	1	3	
Address 856 Paisley Place				Purpose Reimburse personal check payment for campaign kick off at Rivage. (Copy of cancelled check enclosed.)								
City Worthington				State OH		Zip Code 43085		Check Number 1001				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		

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
Page Total \$