

Event Date	#####
Page	1

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Ron Grossman									
To Whom Paid Ron Grossman						M	D	Y	Amount
						0	9	1	132.00
Address 3143 Park St				Purpose USPS; Postage Stamps for Invitations					
City Grove City		State OH		Zip Code 43123		Check Number 92			
To Whom Paid Ron Grossman						M	D	Y	Amount
						0	9	1	113.70
Address 3143 Park St				Purpose Staples; Thank You Cards, Envl & Paper for Invitations					
City Grove City		State OH		Zip Code 43123		Check Number 92			
To Whom Paid Ron Grossman						M	D	Y	Amount
						0	9	2	81.92
Address 3143 Park St				Purpose GFS Marketplace; Food for Fundraiser					
City Grove City		State OH		Zip Code 43123		Check Number 93			
To Whom Paid Ron Grossman						M	D	Y	Amount
						0	9	2	231.38
Address 3143 Park St				Purpose Giant Eagle; Food for Fundraiser					
City Grove City		State OH		Zip Code 43123		Check Number 93			
To Whom Paid Ron Grossman						M	D	Y	Amount
						0	9	2	31.48
Address 3143 Park St				Purpose Giant Eagle; Food for Fundraiser					
City Grove City		State OH		Zip Code 43123		Check Number 93			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		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.

Page Total \$	590.48
---------------	--------