

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Ron Grossman</b>										
To Whom Paid <b>Expenditures from Form 31-F</b>							M	D	Y	Amount
							0	9	1	590.48
Address					Purpose					
City					State	Zip Code	Check Number			
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			
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			
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			
To Whom Paid							M	D	Y	Amount

Page Total \$ 590.48