Event Date	9/18/2011
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			M D Y Ar	nount		
Ron Grossman			0 9 1 2 1 1	132.00		
Address	Purpose					
3143 Park St	USPS; Postage Stamps for Invitations					
City		Zip Code	Check Number			
Grove City	OH	43123	92			
To Whom Paid			M D Y A	mount		
Ron Grossman			0 9 1 2 1 1	113.70		
Address	Purpose					
3143 Park St	Staples;Th	Staples; Thank You Cards, Envl & Paper for Invitations				
City		State Zip Code Check Number				
Grove City	ОН	43123	92	<u> </u>		
To Whom Paid			1 1 = 1	mount		
Ron Grossman			0 9 2 0 1 1	81.92		
Address	Purpose	1 ·				
3143 Park St	GFS Mark	GFS Marketplace; Food for Fundraiser				
City	State	Zip Code	Check Number			
Grove City	OH	43123	93			
To Whom Paid	<u> </u>			mount O. a. a. a.		
Ron Grossman			0 9 2 0 1 1	231.38		
Address	Purpose					
3143 Park St		le; Food for Fun				
City	State	Zip Code	Check Number			
Grove City	O H	43123	93			
To Whom Paid			''- -	Amount		
Ron Grossman			0 9 2 0 1 1	31.48		
Address	Purpose					
3143 Park St		le; Food for Fur				
City	State	Zip Code	Check Number			
Grove City	O H	43123	93 M D Y /	Amount		
To Whom Paid			M D Y	sinoum		
				_		
Address	Purpose					
		I	Ici. Lat.			
City	State	Zip Code	Check Number			
	_	<u></u>	M D V	Amount		
To Whom Paid		•	MDY	Talloun		
		· · · · · ·				
Address	Purpose					
			Check Number			
City	State	Zip Code	CHECK NUMBER			
I		1				

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