

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Ron Grossman										
To Whom Paid Expenditures from Form 31-F							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