

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Robin Starrett For SWCS School Board					
Full Name Robin Starrett			Registration Number, if PAC		
Address 4335 Waterside Place	Type* LN		M 0	D 9	Y 1
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check # 2118		
Amount \$200.00					
Full Name					
Address			Registration Number, if PAC		
City			Form (Cash, Check, etc.)		
Amount					
Full Name					
Address			Registration Number, if PAC		
City			Form (Cash, Check, etc.)		
Amount					
Full Name					
Address			Registration Number, if PAC		
City			Form (Cash, Check, etc.)		
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Full Name					
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Full Name					
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City			Form (Cash, Check, etc.)		
Amount					
Full Name					
Address			Registration Number, if PAC		
City			Form (Cash, Check, etc.)		
Amount					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received: RE for a refund DISBURSED OR DER OF THE COMMITTEE'S OWN INSTITUTION; TRFNS CHECK RECEIVED BY THE REV INVESTMENT OF TRFNS; TRFNS CHECKED BY THE COMMITTEE; SA for the sale of committee assets, or LN for payments received on a loan made.

200.00