

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Robin Starrett For SWCS School Board					
Full Name of Contributor Cynthia V. Legue				Registration Number, if PAC	
Street Address 7504 Vern Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Orient		State OH	Zip Code 43146	Y 0	Amount \$20.00
Form (Cash, Check, etc.) Check 1222					
Full Name of Contributor Chris Wright					
Street Address 6250 Seeds Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$20.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Ruth Anne Jones					
Street Address 2442 Milligan Grove		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Check #2012					
Full Name of Contributor Audrey W. Cox					
Street Address 3881 Tamara Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Check # 5589					
Full Name of Contributor Matt & Trish Wagner					
Street Address 2093 Westbranch Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Kathryn Ruth					
Street Address 5030 Harrisburg Georgesville Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Mark Young					
Street Address 210 Danhurst		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43228	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Cash					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$160.00**