

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Robin Starrett For SWCS School Board													
To Whom Paid Total loan payments made from form no. 31-C							M	D	Y	Amount			
							1	1	3	0	0	9	\$182.92
Address				Purpose Payment on loan from Robin Starrett									
City				State OH	Zip Code		Check Number 1009						
To Whom Paid							M	D	Y	Amount			
Address							Purpose						
City				State OH	Zip Code		Check Number						
To Whom Paid							M	D	Y	Amount			
Address							Purpose						
City				State OH	Zip Code		Check Number						
To Whom Paid							M	D	Y	Amount			
Address							Purpose						
City				State OH	Zip Code		Check Number						
To Whom Paid							M	D	Y	Amount			
Address							Purpose						
City				State OH	Zip Code		Check Number						
To Whom Paid							M	D	Y	Amount			
Address							Purpose						
City				State OH	Zip Code		Check Number						
To Whom Paid							M	D	Y	Amount			
Address							Purpose						
City				State OH	Zip Code		Check Number						
To Whom Paid							M	D	Y	Amount			
Address							Purpose						
City				State OH	Zip Code		Check Number						
To Whom Paid							M	D	Y	Amount			
Address							Purpose						
City				State OH	Zip Code		Check Number						