Statement of Loans Received



Prescribed by Secretary of State 3/05

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Full Name of Committee Robin Starrett for SWCS E	loard											
From Whom Received Robin Starrett					Prior Amount \$0.00			Amt. Incurred this Period \$200.00				
Address 4335 Waterside Place								Outstanding Balance \$200.00				
City Grove City	St ate OH	Zip Code 43123		Loans Received This Period Date Amount					Payments This Period Date Amount			This Period Amount
Date Loan was originally Incurred	0 9	D 1 6	0 9	М	D	Y	\$		М	D	Y	\$ \$0.00
Registration Number, if PAC N/A				M	D	Y			М	D	Y	
Employer/Occupation/Labor Organization* N/A				М	D	Y			М	D	Y	
From Whom Received										ount		Amt. Incurred this Period
Address												Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Period Amount	Payments This Period Date Amount			
Date Loan was originally Incurred	M	D	Y	М	D	Y	\$		M	D	Y	\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y	
From Whom Received	X46-400-404-2040-2040-2040-2040-2040-2040								Prior Am	ount		Amt. Incurred this Period
Address												Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC				M	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y			М	D	Y	
* Required for contributions from inc	lividuals o	over \$100 to	statewi	de and go	eneral as	sembly	candida	ates. If contribu	tor is self-	emplove	d. the oc	cupation and the name of

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

^I Total prior amount \$	0.00	
² Total received this period \$	\$200.00	(To Form No. 31-A-2)
³ Total payments this period	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance	\$200.00	(To Form No. 30-A)

^{*} 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)]