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

Event	Date_10/21/09
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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Robin Starrett for SWCS School Boar	rd		
Full Name of Contributor	Registration Number, if PAC		
Berkley J. Roach			
Street Address	-		
2426 Holton Road	proyon obsupa	<u></u>	1 0 1 4 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Grove City	ОН	43123	Check # 1067
Full Name of Contributor			Registration Number, if PAC
William & Diana Forrester			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
4673 Clayburn Court			1 0 1 4 0 9 \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	Check # 1838
Full Name of Contributor			Registration Number, if PAC
Daniel Bowers			MI IN IV
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount 1 0 1 4 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
City Grove City	OH Stalte	43123	Cash
Full Name of Contributor			Registration Number, if PAC
Ty Johnson			,
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
	Zampioy en Occupi		1 0 1 4 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	Cash
Full Name of Contributor			Registration Number, if PAC
Scott & Kelly Forrester			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount 1 0 1 4 0 9 \$20.00
1432 Great Hunter Road			
City Grove City	Stalte OH	Zip Code 43123	Form (Cash, Check, etc.)
Grove City	Un	170120	
Full Name of Contributor Erin Chaffin			Registration Number, if PAC
	1	л	M D Y Amount
Street Address	Employer/Occupa	ation/Labor Organization*	1 0 1 4 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	Cash
Full Name of Contributor	Registration Number, if PAC		
Lisa Bowen			
Street Address	Employer/Occums	ation/Labor Organization*	M D Y Amount
	- Party on Goodp	<u> </u>	1 0 1 4 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH	43123	Cash

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

.1	otal contributions this event
Г	Ī
Mathemate	\$0.00

Total expenditures this event.

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\$0	.00

^{*} 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)]