

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 Berkley J. Roach				Registration Number, if PAC	
Street Address 2426 Holton Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$50.00
Full Name of Contributor William & Diana Forrester				Registration Number, if PAC	
Street Address 4673 Clayburn Court		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$40.00
Full Name of Contributor Daniel Bowers				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$20.00
Full Name of Contributor Ty Johnson				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$20.00
Full Name of Contributor Scott & Kelly Forrester				Registration Number, if PAC	
Street Address 1432 Great Hunter Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$20.00
Full Name of Contributor Erin Chaffin				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$20.00
Full Name of Contributor Lisa Bowen				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1	D 0
City		State OH	Zip Code 43123	Y 1	Amount \$20.00

* 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)]

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 \$ **\$190.00**