

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Robin Starrett									
Full Name of Contributor Mark A Young							Registration Number, if PAC		
Street Address 210 Danhurst				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus		State OH		Zip Code 43228		M 1		D 0	
						Y 2		Y 3	
						Y 0		Y 9	
							Amount \$20.00		
Full Name of Contributor Robert & Virginia O'Hanlon									
Street Address 1963 Harrisburg Pike							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) Check #14			
City Grove City		State OH		Zip Code 43123		M 1		D 0	
						Y 2		Y 3	
						Y 0		Y 9	
							Amount \$100.00		
Full Name of Contributor William Moore									
Street Address 5808 Ravine Creek Drive							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) Check			
City Grove City		State OH		Zip Code 43123		M 1		D 0	
						Y 2		Y 6	
						Y 0		Y 9	
							Amount \$100.00		
Full Name of Contributor Steve Starrett									
Street Address 1040 Broadway							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) Cash			
City Grove City		State OH		Zip Code 43123		M 1		D 0	
						Y 2		Y 6	
						Y 0		Y 9	
							Amount \$20.00		
Full Name of Contributor Robert Whittier									
Street Address 3233 Farmbrook Drive							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) Cash			
City Grove City		State OH		Zip Code 43123		M 1		D 0	
						Y 1		Y 5	
						Y 0		Y 9	
							Amount \$160.00		
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State OH		Zip Code		M		D	
						Y		Y	
							Amount		
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State OH		Zip Code		M		D	
						Y		Y	
							Amount		
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State OH		Zip Code		M		D	
						Y		Y	
							Amount		

* 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)]