

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Robin Starrett For SWCS School Board									
To Whom Paid The Derby						M	D	Y	Amount \$66.64
Address 2209 Stringtown Road			Purpose Fundraiser Supplies						
City Grove City		State OH	Zip Code 43123		Check Number 1008				
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				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$66.64
Page Total \$ _____