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

Event Date_	10/21/09
Page 3	

\$90.00

Page Total \$

Prescribed by Secretary of State 03/05

Name of Committee in Full	Daniel		
Robin Starrett For SWCS School I	SOARO		
Full Name of Contributor		Registration Number, if PAC	
John Ruth			
Street Address	Employer/Occupation/Labor Or	ganization*	M D Y Amount
			1 0 1 4 0 9 \$20.00
City	Sta te Zip Code		Form (Cash, Check, etc.)
	OH 43123		Cash
Full Name of Contributor		355,000	Registration Number, if PAC
Diane Bocciarelli			
Street Address	Employer/Occupation/Labor Or	ganization*	M D Y Amount
			1 0 1 4 0 9 \$20.00
City	Sta te Zip Code		Form (Cash, Check, etc.)
Grove City	OH 43123	1	Cash
Full Name of Contributor			Registration Number, if PAC
Cindy Legue			
Street Address	Employer/Occupation/Labor Or	ganization*	M D Y Amount
7504 Vern Place	and project of the second seco	<u> </u>	1 0 1 4 0 9 \$10.00
City	State Zip Code		Form (Cash, Check, etc.)
Grove City	OH 43123	}	Cash
Full Name of Contributor			Registration Number, if PAC
Cynthia A. Bricker			
Street Address	Employer/Occupation/Labor Or	raanization*	M D Y Amount
3867 Glenna Ave	Employer/Occupation/Labor Of	Ramzanon.	1 0 2 1 0 9 \$20.00
City	Stal te Zip Code		Form (Cash, Check, etc.)
Grove City	OH 43123	2	Check # 1030
Full Name of Contributor	011 43125		Registration Number, if PAC
Edward Myers			Registration (Millor, ALAZA)
Street Address			M D Y Amount
Street Address Dudley Avenue	Employer/Occupation/Labor O	rganization*	1 0 2 1 0 9 \$20.00
	Sta te Zip Code		Form (Cash, Check, etc.)
City Grove Cite	State Zip Code OH 43123	•	Cash
	1 011 1 40720		
Full Name of Contributor			Registration Number, if PAC
) d D M A
Street Address	Employer/Occupation/Labor O	rganization*	M D Y Amount
City	Sta te Zip Code		Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor O	rganization*	M D Y Amount
City	Sta te Zip Code		Form (Cash, Check, etc.)
	OH	140-000-000-000-000-000-000-000-000-000-	
* D	\$100 · · · · · · · I I I C I I I I I I I I I	Lidatan It cantuile	stania auf amplayed the economic on and the name o

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	Total expenditures this event.	
\$440.00	\$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)]