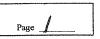
Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Robin Starrett for SWCS School B	oard				
Full Name of Contributor William & Diana Forrester			Registration Number, if P	Registration Number, if PAC	
Street Address 4673 Clayburn Court	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #1814	
City Grove City	State OH	Zip Code 43123	0 9 1 8 0 9	Amount \$100.00	
Full Name of Contributor William Slabodnick			Registration Number, if F	AC	
Street Address 2235 Bainter Avenue	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #5199	
City Grove City	State OH	Zip Code 43123	0 9 2 3 0 9	Amount \$25.00	
Full Name of Contributor Kenneth & Andrea Santo			Registration Number, if F		
Street Address 1674 Tuscarora Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check # 5117	
City Grove City	State OH	Zip Code 43123	0 9 2 8 0 9	Amount \$50.00	
Full Name of Contributor Steven Sellers			Registration Number, if I		
Street Address 4488 Anglebrrok Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check # 6406	
City Grove City	State OH	Zip Code 43123	1 0 0 2 0 9	Amount \$50.00	
Full Name of Contributor Registration Number, if PAC Robert & Peg Halley					
Street Address 7000 Young Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check # 7107	
City Grove City	State OH	Zip Code 43123	1 0 0 3 0 9	Amount \$50.00	
Full Name of Contributor Craig Oiler & Paula Zimmerman			Registration Number, if I		
Street Address 4542 Bent Creek Place	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check # 1600	
City Grove City	State OH	Zip Code 43123	1 0 1 7 0 9	Amount \$100.00	
Full Name of Contributor			Registration Number, if l	PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor Registration Number, if P				PAC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	

Page Total \$375.00

^{*} 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)]