

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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