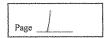
Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee											
Robin Starrett For SWCS S	School E	loard									
From Whom Received Robin D. Starrett											Amt. Incurred this Period \$0.00
Address 4335 Waterside Place											Outstanding Balance Balance Forg.
City Grove City	St ate OH	Zip Code 43123		Loans Received This Period Date Amount				Date			This Period Amount
Date Loan was originally Incurred	0 9	1 6	0 9	M	D	Y	\$	1 1	3 0	0 9	\$ \$182.92
Registration Number, if PAC			М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y	
From Whom Received							Prior Amount			Amt. Incurred this Period	
Address		····									Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Payments T Date			This Period Amount
Date Loan was originally Incurred	M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC				M	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y	
From Whom Received								Prior Amount			Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code	:	Loans Received This Period Date Amount					l Date	Payments	This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$	M	D	Y	\$
Registration Number, if PAC				М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y	
Required for contributions from inc	lividuals (over \$100	to statewic	le and g	eneral a	ssembly	candidates. If contri	butor is self-	employe	d, the or	ccupation and the name of

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$	\$200.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period	\$ \$182.92	(To Form No. 31-B)
⁴ Total Outstanding Balance	\$ \$0.00 Balan	ce Forgiven (To Form No. 30-A)

^{*} 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)]