31-E R.C. 3517.10(B)

Event Date	9-24-10	
Page	41	

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05				
Name of Committee in Full BEATTY FOR JUDGE						
Full Name of Contributor			Registra	tion Nun	ber, if Pa	AC
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount
City	State	Zip Code	Form(C	ash,Chec	k,etc)	
Full Name of Contributor		- A	Registra	tion Nun	ber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount
City	State	Zip Code	Form(C	ash,Chec	k,etc)	
Full Name of Contributor			Registra	tion Nun	ber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount
City	State	Zip Code	Form(C	sh,Checl	c,etc)	
Full Name of Contributor		······································	Registra	tion Num	ber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount
City	State	Zip Code	Form(C	sh,Checl	c,etc)	·
Full Name of Contributor		**	Registra	tion Num	ber, if P/	AC .
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount
City	State	Zip Code	Form(Ca	ash,Checl	(,etc)	
Full Name of Contributor	•		Registra	tion Num	ber, if PA	
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)	
full Name of Contributor	<u></u>		Registra	tion Num	ber, if PA	AC
Street Address	Employer/Occur	pation/Labor Organization*	M	D	Y	Amount
City	State	Zip Code	Form(Ca	sh,Check	,etc)	
nuired for contributions from individuals over \$100 (		<del> </del>				·

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
676.00		Page Total \$ 676.00

ind