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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Benefit of the second s								
Name of Committee in Full								
BEATTY FOR JUDGE					***************************************			
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E	[21 E			ition Num	ber, if PA	.C		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
						(5 0000)	,	
City	State	Zip Code	М	D	Y	Amount		
			0 2	0 4	1 0		19,252.46	
Full Name of Contributor			COLUMN TO SERVICE STREET, STRE	tion Num	Dropping and Laborator	.C		
CONTRIBUTIONS FROM FORM 31-E								
Street Address	Employer/Occupation/Labor Organization*			en e		Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			0 2	2 8	1 0		1,605.00	
Full Name of Contributor	Registration Number, if P					.C		
CONTRIBUTIONS FROM FORM 31-E								
Street Address	Employer/Occup		TO DESCRIPTION OF THE PARTY OF		Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
			0 3	2 5	1 0		1,190.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
CONTRIBUTIONS FROM FORM 31-E				***************************************				
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash,	Check, etc.)	
City	State	Zip Code	M	D		Amount		
	0.00		0 4	0 3	1 0		1,260.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
CONTRIBUTIONS FROM FORM 31-E					2000 in the construction of the			
Street Address	Employer/Occup				Form (Cash,	Check, etc.)		
City	State	Zip Code	М	D		Amount		
			0 4	NAME OF TAXABLE PARTY.	1 0		1,275.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
CONTRIBUTIONS FROM FORM 31-E								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
A.								
City	State	Zip Code	M	D		Amount		
T-IIN			AVENDADED OF THE AVENDAD	0 9	Same and a constitution of the same of the		3,575.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
CONTRIBUTIONS FROM FORM 31-E	In 1 /0			Total de la companya	**************************************			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash,	Check, etc.)	
City	0	In ou	1					
City	State	Zip Code	M	D	Y	Amount	1 220 00	
Full Name of Contributor				0 9			1,330.00	
	י איי איי איי	ריז זרי א זרדי	Registra	tion Num	ber, if PA	C		
ONLINE AND THOSE NOT RECEIVED			<u> </u>			n		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash,	Cneck, etc.)	
City	04-4-	Trin Code	1 M	I 5	37	America		
City	State	Zip Code	M	D	Y	Amount	10 010 00	
							13,210.00	

Page Total \$ 42,697.46

^{*} 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 appear. [R.C. 3517.10(B)(4)]