Page

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee BEATTY FOR JUDGE							1000 alimony and an arrangement and a transfer		***************************************			
The sub-company of the state of		######################################	*****************					TO THE SAME AND A SAME			Maria and an analysis of the same of the s	
From Whom Received Laurel A. Beatty							Prior A		00.00	Amt. Incurred this Period 0.00		
Address										Outstanding Ba		
269 E. Gates St.											500.00	
City State Zip Code Loans Received This Period									Pavn	ents This Perio	d	
Columbus		Date		Amount		Date Amount						
Date Loan was originally M	H 43206	Y	M	D	Y	S	М	D	Y	\$		
Incurred 1	0 0 6	0 9										
Registration Number, if PAC			М	D	Y		М	D	$\mathbf{T}_{\mathbf{Y}}$			
Employer/Occupation/Labor Organization*			М	D	Y		М	D	T _Y	-		
							TATAL VIOLEN					
From Whom Received		ZANISKUSZINISK JANISC		1			Prior A	mount		Amt. Incurred t	this Period	
Laurel A. Beatty								100.00				
Address									00.00	Outstanding Ba	0.00	
269 E. Gates St.										Outstanding Da	100.00	
Cit. Z. C. I											-income accordance of the College of	
1 ·	H 4320		Lo.	ans Recei Date	ived This	Period Amount		Dat		ents This Period	d mount	
Date Loan was originally M		Y	M	D	Y	Is	M	D	Y	\$		
Incurred 1	0 2 2	0 9			1			1 ~		ľ		
Registration Number, if PAC	0 2 2	1012	М	D	Y		M	D	Y			
				1 -								
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y			
					1		141					
From Whom Received	EXECUTED STATE OF THE		Bernandarian Berna			A STATE AND A STATE OF THE STAT	Prior A	mount		Amt. Incurred t	thic Pariod	
Laurel A. Beatty							II HOLA		00.00	Ami. meunea (0.00	
Address							SERVICE SALES		00.00	Outstanding Ba		
269 E. Gates St.										Ouistanding Ba	100.00	
City State Zip Code Loans Received This Period												
1	olumbus OH 43206				ved This	Period Amount		Paym Date			nents This Period Amount	
Date Loan was originally M		Y	M	Date D	Y	Amount	M			AI	nount	
Incurred 1		$\begin{bmatrix} 1 \\ 0 \end{bmatrix} 9$	101	D	1	Φ	IVI	D	Y	3		
Registration Number, if PAC	1 3 0	1019	М	D	Y			+	77	<u> </u>	······································	
Registration Number, if FAC			1V1	ו	Y		M	D	Y			
Employer/Occupation/Labor Organization*				+	1 17	1						
Employer/Occupation/Labor Organization			М	D	Y		М	D	Y			
	ACNESSES SERVICES	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS										
* Required for contributions over \$100 to statew												
if any, rather than employer should be listed. If t			onate via	payroll d	eduction a	and exceed the aggregate of	of \$100, the l	abor organ	ization of	which		
the employees are members, if any, must appear	. R.C. 3517.10	(B)(4)										
If a loan is forgiven, write "Forgiven" in the "Ou	tstanding Bala	nce" spac	e. Transf	er total of	all loans	received this period to the	Statement of	f Other Inc	ome (Fon	n No. 31-A-2).		
Transfer total of all payments made in this period												
•		•		,	Í					,		
1 Total prior amount \$	70	00.00										
•												
2 Total received this period \$	0.00	O (To Form No. 31-A-2)										
		(10 Point No. 51-A-2)										
3 Total Payments this Period \$	0.00	00_ (also record on Form 31-B)										
Total Layments and Lenou p	3.00	_ (aiso re	cora on F	omi 31-13 <i>j</i>								
4 Total Outstanding Balance \$ 70				O_ (To Form No. 30-A)								
* Total Outstanding Balance \$ 70				- (1010)	*** * *0. 20	**/						