

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full BEATTY FOR JUDGE									
To Whom Paid Christie Angel						M 0	D 4	Y 1	Amount 223.51
Address 37 W. Broad St., Suite 325		Purpose restaurant charge - Athletic Club							
City Columbus		State O	H H	Zip Code 43215		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.