

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 Laurel Beatty						M 0	D 4	Y 1	Amount 126.49
Address 268 E. Gates		Purpose restaurant charge - Level							
City Columbus		State O	H H	Zip Code 43206		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	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.