

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 | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 1 | 7 | 1 | 0 | 1,575.73 |
| Address 268 E. Gates | | | | Purpose St. Patrick's Day Parade Costs | | | | | | | | |
| City Columbus | | | | State O H | | Zip Code 43206 | | Check Number 1015 | | | | |
| 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.