Page	1
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

5							
Name of Committee in Full							
BEATTY FOR JUDGE							
Full Name of Contributor				Registration Number, if PAC			
CONTRIBUTIONS FROM FORM 31-	Е						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0 4	2 1	$1 \mid 0$	420.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
CONTRIBUTIONS FROM FORM 31-	E						
Street Address	Employer/Occu	pation/Labor Organization*		***************************************		Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	1	Amount	
			0 5	1 3	1 0	5,175.00	
Full Name of Contributor							
CONTRIBUTIONS FROM FORM 31-	E						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
·			0 5	2 0	1 0	930.00	
Full Name of Contributor				tion Num			
ONLINE AND THOSE NOT RECEIV	ED AT AN	EVENT					
Street Address		pation/Labor Organization*			e per a la companya de la companya d	Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
·						8,965.00	
Full Name of Contributor			Registra	ation Nun	iber, if PA		
Street Address	Employer/Occi	pation/Labor Organization*	<u>i</u>		ik siikineenkin liinniin ja	Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	-	•					
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC .	
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
	i						
Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC	
I all Name of Conditutor			8		,		
Street Address	[Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Street Address Employer/Occupation/Labor Organization						
Cit.	State	Zip Code	М	T D	Y	Amount	
City	State	Zip Code	1 "				
E HALL SOCIAL PLANTS			Registr	ation Nur	nher if P	AC	
Full Name of Contributor			icgisu	ation ivai	11001, 11 1	AC .	
The stand of the Commission to						Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*					Cili (Casii, Check, Cas.)	
		la' o t		T 70	Y	Amount	
City	State	Zip Code	М	D	Y	Amount	
			<u>li</u>	1			

Page Total \$ 15,490.00

^{*} 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)]