31-E R.C. 3517.10(B)

Event Date	4-9-10
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secre	tary of State 3/05				
Name of Committee in Full BEATTY FOR JUDGE						
Full Name of Contributor			Registrati	on Nun	nber, if P	AC
Street Address	Employer/Occupati	Employer/Occupation/Labor Organization*			Y	Amount
City	State 2	čip Code	Form(Ca	sh,Chec	k,etc)	
full Name of Contributor			Registrati	on Nun	nber, if P	AC
treet Address	Employer/Occupation	Employer/Occupation/Labor Organization*			Y	Amount
ity	State 2	Zip Code	Form(Ca	sh,Chec	k,etc)	_
ull Name of Contributor			Registrati	on Nun	iber, if P	AC
treet Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount
City	State 2	Cip Code	Form(Ca	sh,Chec	k,etc)	
ull Name of Contributor			Registrati	on Nun	ber, if P	AC
treet Address	Employer/Occupation	on/Labor Organization*	М	D	Y	Amount
ity	State 2	Lip Code	Form(Cas	sh,Chec	k,etc)	
ull Name of Contributor			Registrati	on Nun	ber, if P	AC
treet Address	Employer/Occupation	Employer/Occupation/Labor Organization*			Y	Amount
ity	State Z	Cip Code	Form(Cas	sh,Chec	k,etc)	
all Name of Contributor			Registrati	on Nun	ber, if P.	AC
treet Address	Employer/Occupation	Employer/Occupation/Labor Organization*		D	Y	Amount
ity	State Z	ip Code	Form(Cas	h,Chec	k,etc)	
ull Name of Contributor			Registrati	on Num	ber, if P.	AC
reet Address	Employer/Occupation	on/Labor Organization*	М	D	Y	Amount
ity	State Z	ip Code	Form(Cas	h,Checl	k,etc)	
uired for contributions from individuals over \$100 to st dual's business, if any, rather than employer should be I zation of which the employees are members, if any, ma ill in the boxes below only on the last page for this ever ransfer the Total contributions for this event to form No the date column.	isted. If two or more employees contribust appear. [R.C. 3517.10(B)(4)]	oute via payroll deduction ar	nd exceed the	aggrega	ate of \$10	00, the labor
otal contributions this event	Total expenditures this ev	81 00			Pa	ge Total \$ (),()()