

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		<u> </u>					
Name of Committee in Full		•					
BEATTY FOR JUDGE						,	
Full Name of Contributor		Registra	ion Numb	er, if PA	C	_	
CONTRIBUTIONS FROM FORM 31-E							
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
City	1		0 9	1 6	$1 \mid 0$		1,420.00
Full Name of Contributor				ion Numb			1/120100
			rtog.522		,		
CONTRIBUTIONS FROM FORM 31-E	15 1 10	I			Form (Cash, Check, etc.)		
Street Address	Employer/Occu				TOTH (Casts)	Check, cit.)	
	<u> </u>	lat a .	1 37			A	
City	State	Zip Code	M	D	Y	Amount	1 (55 00
			0 9	1 9			1,655.00
Full Name of Contributor			Registra	tion Numb	ет, if PA	C	
CONTRIBUTIONS FROM FORM 31-E							
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
	1		019	2 2	1 0		2,700.00
Full Name of Contributor	<u> </u>		Registra	tion Numl	er, if PA	C	
CONTRIBUTIONS FROM FORM 31-E			1				
Street Address	pation/Labor Organization*				Form (Cash,	Check, etc.)	
	' '				Į		
City	State	Zip Code	М	D	Y	Amount	
Chy	1		lala	2 3	1 0		1,290.00
Full Name of Contributor				tion Num		_	1,270.00
			, CE 13CG	iioii riusiii	J V -,		
CONTRIBUTIONS FROM FORM 31-E					_	Form (Cash,	Check etc.)
Street Address	Employet/Occi	pation/Labor Organization*				TOTH (Cash,	Circux, etc.)
					Y	Amount	
City	State	Zîp Code	M	D		Ainount	676.00
			0 9	2 4	1 0		676.00
Full Name of Contributor			Registra	tion Numl	bet, it PA	ic.	
CONTRIBUTIONS FROM FORM 31-E							
Street Address	Employer/Occi				Form (Cash,	Check, etc.)	
				· · · · ·			
City	State	Zip Code	M,	D	Y	Amount	
			0 9		1 0		2,020.00
Full Name of Contributor			Registra	ition Num	ber, if PA	AC .	
CONTRIBUTIONS FROM FORM 31-E			ŀ			<u>.</u>	
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash,	Check, etc.)
	ļ					ł	
City	State	Zip Code	М	D	Y	Amount	
			1 0	0 7	1 0		1,225.00
Full Name of Contributor				ition Num		AC	
ONLINE AND THOSE NOT RECEIVE	FDATAN	EVENT	1				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)
Street Admess	тыпричен Осеарацов Савон Отданивания]	•
City.	Chata	Zip Code	M	D	Y	Amount	
City	State	Sip Code	"		l i		28,894.60
			1 !	<u> </u>		<u>. </u>	20,074.00

* 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)]

Page Total \$ 39,880.60