

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 Christie Angel						M 0	D 7	Y 2	Amount 650.00
Address 206 E. Beck			Purpose Bar Louie - Food & Beverage						
City Hilliard			State O	H H	Zip Code 43026	Check Number 1046			
To Whom Paid						M 0	D 7	Y 2	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			
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.