31-E R.C. 3517.10(B)

Event Date	9-28-10
Page	49

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05						
Name of Committee in Full REATTY FOR HIDCE		*************************************						
BEATTY FOR JUDGE Full Name of Contributor			Registra	ition Nun	aber, if PA	AC .		
Street Address	Employer/Occup	ation/Labor Organization*	M 	D 	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor		· <u>···········</u>	Registra	ition Nun	ber, if PA	AC		
Street Address	Еmployer/Оссир	ation/Labor Organization*	М	D	Y	Amounit		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor	<u></u>				Registration Number, if PAC			
Street Address	Employer/Occur	ation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	tion Nun	iber, if PA	NC .		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	tion Nun	iber, if PA	C		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Атношnt		
City	State	Zip Code	Fоrm(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	tion Nun	iber, if PA	NC TO THE REPORT OF THE REPORT		
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor		*************************************	Registra	tion Nun	iber, if PA	ic i		
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
quired for contributions from individuals over \$1 idual's business, if any, rather than employer should be according to the employees are members, it	ould be listed. If two or more employees cor							
idual's business, if any, rather than employer sho aization of which the employees are members, if Fill in the boxes below only on the last page for	any, must appear. [R.C. 3517.10(B)(4)]	ntribute via payroll deduction a	nd exceed th	ie aggregi	ate of \$10	0, the labor		

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state. "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$2.020.00
2.020.00		