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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee BEATTY FOR JUDGE										
From Whom Received							Prior At	mount		Amt. Incurred this Period
Laurel A. Beatty						500.00			0.00	
Address									00.00	Outstanding Balance
268 E. Gates Street										500.00
City State Zip Co		Loans Received This Period Date Amount			Paym Date			ents This Period Amount		
Date Loan was originally M D	Y	М	D	Y	\$		М	D	Y	\$
	6 0 9									
Registration Number, if PAC		М	Đ	Y			М	D	Y	
Employer/Occupation/Labor Organization*		М	D	Y			М	D	Y 	
From Whom Received							Prior At	nount		Amt. Incurred this Period
Laurel A. Beatty						100.00			0.00	
Address										Outstanding Balance
268 E. Gates Street										100.00
City State Zip Co Columbus O H 432		Loans Received This Period Date Amount			Payme Date			ents This Period Amount		
Date Loan was originally M D Incurred 1 0 2	Y 2 0 9	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	-1012	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*		М	Đ	Y	<u> </u>		М	D	Y	
From Whom Received				<u> </u>	<u> </u>		Prior Ar	mount	<u></u>	Amt. Incurred this Period
Laurel A. Beatty							T HOL AL		00.00	0.00
Address	• • • • • • • • • • • • • • • • • • • •								00.00	Outstanding Balance
268 E. Gates St.										100.00
City State Zip Co Columbus OH 432		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was originally M D	Y	M	D	Y	s		M	D	Y	\$
Incurred $1 \mid 1 \mid 3 \mid 1$	0 0 9]]							
Registration Number, if PAC		M	D	Y			М	D	Y	-,
Employer/Occupation/Labor Organization*		М	D D	Y			М	D	Y	
• Required for contributions over \$100 to statewide and gen	eral assembly	candidat	es. If con	tributor i	s self-empl	oyed, occupation a	nd the na	me of the	individual	's business,

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space	e. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2)
Transfer total of all payments made in this period to the Statement of Ex-	penditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover rage (Form No. 30-A).

1	Total prior amount \$	700.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-E
4	Total Outstanding Balance \$	700.00	(To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)