31-E R.C. 3517.10(B)

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

	Prescribed by Sec	cretary of State 3/05		Service and the service and th		
lame of Committee in Full BEATTY FOR JUDGE						
Il Name of Contributor				Registration Number, if PAC		
treet Address	Employer/Occupation/Labor Organization*		M D	Y	Amount	
Sity	State	Zip Code	Form(Cash,Che	ck,etc)		
uli Name of Contributor			Registration Nu	mber, if PA	AC .	
treet Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y	Amount	
Eity Eity Either	State	Zip Code	Form(Cash,Che	ck,etc)		
full Name of Contributor			Registration Nu	mber, if PA	AC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y	Amount	
Sity	State	Zip Code	Form(Cash,Che	eck,etc)		
full Name of Contributor			Registration Nu	mber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount	
City	State	Zip Code	Form(Cash,Che	eck,etc)		
Full Name of Contributor			Registration Nu	mber, if P	AC	
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount	
City	State	Zip Code	Form(Cash,Ch	eck,etc)		
Full Name of Contributor			Registration N	mber, if P		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Y	Amount	
City	State	Zip Code	Form(Cash,Ch	eck,etc)		
I Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occur	pation/Labor Organization*	M D	Y	Amount	
City	State	Zip Code	Form(Cash,Ch	eck,etc)		
				CONTRACTOR OF STREET		

Fill in the boxes below only on the last page for this event.

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	
	Control and Contro	Page Total \$
3 575 00	222 51	
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