Event Date	4/9/2010
Page	31

## 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			M	D	1 8	Amount		
Laurel Beatty			$0 \mid 4$	1 3	$1 \mid 0$		81.00	
Address	Purpose							
268 E. Gates	restaurant charge - Hi-Beck							
City	State	lumber						
Columbus	OH	Zip Code 43206						
To Whom Paid			M	D	Y	Amount		
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To Whom Paid			M	D	Y	Amount		
To Whom Paid			ivi			mount		
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To Whom Paid			M	D	Y	Amount		
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Address Purpose								
City	State	Zip Code	Check N	Number				
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To Whom Paid			М	<b>D</b>	Y	Amount		
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Address	Purpose			<u> </u>		1		
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0.	01-1-	7: 0-4-	Charles	Januar III				
City	State	Zip Code	Check 1	numoer				
To Whom Paid			M	D	Y	Amount		
Address	Purpose							
City	State	Zip Code	Check 1	Number				
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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.

Page Total \$ 81.00	_
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