

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|---|--|--|--------------------|--|---|--|----------------------|--|--|
| Full Name of Committee McKinley for Judge | | | | | | | | | |
| To Whom Owed Kristen McKinley | | | | | Prior Amount \$25.00 | | | Amt. Incurred this Period \$0.00 | |
| Address 3656 Cannongate Drive | | | | | Item or Purpose of Debt Event Fee | | | Outstanding Balance \$25.00 | |
| City Columbus | | | State OH | | Zip Code 43228 | | Payments This Period | | |
| | | | | | | | Date Amount | | |
| Date Debt was originally Incurred | | | M D Y | | M D Y | | \$ | | |
| 0 4 1 7 1 3 | | | | | | | | | |
| Registration Number, if PAC | | | | | M D Y | | | | |
| | | | | | M D Y | | | | |
| | | | | | M D Y | | | | |
| To Whom Owed Kristen McKinley | | | | | Prior Amount \$47.50 | | | Amt. Incurred this Period \$0.00 | |
| Address 3656 Cannongate Drive | | | | | Item or Purpose of Debt Food for Event | | | Outstanding Balance \$47.50 | |
| City Columbus | | | State OH | | Zip Code 43228 | | Payments This Period | | |
| | | | | | | | Date Amount | | |
| Date Debt was originally Incurred | | | M D Y | | M D Y | | \$ | | |
| 0 5 2 1 1 3 | | | | | | | | | |
| Registration Number, if PAC | | | | | M D Y | | | | |
| | | | | | M D Y | | | | |
| | | | | | M D Y | | | | |
| To Whom Owed Kristen McKinley | | | | | Prior Amount \$90.50 | | | Amt. Incurred this Period \$0.00 | |
| Address 3656 Cannongate Drive | | | | | Item or Purpose of Debt Beverages for Event | | | Outstanding Balance \$90.50 | |
| City Columbus | | | State OH | | Zip Code 43228 | | Payments This Period | | |
| | | | | | | | Date Amount | | |
| Date Debt was originally Incurred | | | M D Y | | M D Y | | \$ | | |
| 0 5 2 1 1 3 | | | | | | | | | |
| Registration Number, if PAC | | | | | M D Y | | | | |
| | | | | | M D Y | | | | |
| | | | | | M D Y | | | | |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$163.00 (also record on cover page)