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| Page_ | <u> </u> |

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| Full Name of Committee | | | | | - | | | | | |
|---|---|----------|------|-------------|--------------------|-------------------------|--------------------------|----------------------------|--|--|
| | | | | | | | | | | |
| Morehart for Judge To Whom Owed | | | | | Prior An | accent. | | Amt Insumed this David | | |
| | | | | | FIIOI AI | | 00.00 | Amt. Incurred this Period | | |
| Cindi Morehart Address | | | | ltem or F | urpose for | 00.00 | 0.00 Outstanding Balance | | | |
| 98 Grandview Dr. | | | | | | | | 7,000.00 | | |
| City | State | Zip C | Code | | Carry | | | | | |
| Dublin | ОН | [4 | 130 | 17 | | Made This Period Amount | | | | |
| Date Debt was originally Incurred | | D | | Y | М | D | Y | \$ | | |
| | 1 0 | 1 | 9 | 1.7 | | | | | | |
| Registration Number, if PAC | | | | | М | D | Y | | | |
| | | | | | | : | | | | |
| | | | | | M | D | Y | | | |
| | | | | | : | | i | | | |
| To Whom Owed | | | | | Prior An | nount | | Amt. Incurred this Period | | |
| Address | • | | | | Item or P | urpose for | Debt | Outstanding Balance | | |
| City | State | Zip C | Code | | Payments N Date | | | Made This Period Amount | | |
| Date Debt was originally incurred | М | D | | Y | М | D | Y | \$ | | |
| Registration Number, if PAC | | | | | М | D | Y | | | |
| | | | | | : | : | | | | |
| | | | | | М | D | Y | | | |
| | | | | | | | | | | |
| To Whom Owed | | | | | Prior An | nount | | Amt. Incurred this Period | | |
| Address | | | | | Item or P | urpose for | r Debt | Outstanding Balance | | |
| City | State | Zip Code | | | Pa Date | yments l | Made This Period Amount | | | |
| Date Debt was originally Incurred | М | D | | Y | М | D | Y | \$ | | |
| | | | | | | | - | | | |
| Registration Number, if PAC | • | | • | | М | D | Y | | | |
| | | | | | | | | | | |
| | | | | | М | D | Y | | | |
| | | | | | | | | | | |
| If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all p Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J- | | | | | | | | | | |
| Total Payments this Period \$ 0.00 (also record | | | | | | | | | | |

| Registration Number, if PAC | | | | М | D | Y | |
|--|------------------------------------|---|---------------|-----------|-------------|------------|----------|
| | | | | | | | |
| | | | | M | D | Y | |
| | | | | | | | |
| | | | | | | | |
| If a debt is forgiven, write "Forgiven" in the "Ou | itstanding Balance" column. Transf | er total of all payments made the | his period to | the State | ment of | Expenditu | res (For |
| | | | | | | | |
| Total amount forgiven should be included in the | In-Kind Contributions Received (F | Form No. 31-J-1). Transfer tota | loutstandin | g debt an | ount to tl | ne cover p | age. |
| Total amount forgiven should be included in the Total Payments this Period \$ | In-Kind Contributions Received (F | form No. 31-J-1). Transfer tota (also record on Form 31-B) | l outstandin | g debt an | ount to tl | ne cover p | age. |
| ū | | | l outstandin | g debt an | ount to th | ne cover p | age. |
| Total Payments this Period \$ | 0.00 | (also record on Form 31-B) | l outstandin | g debt an | oount to tl | ne cover p | age. |
| Total Payments this Period \$ | 0.00 | (also record on Form 31-B) | l outstandin | g debt an | ount to th | ne cover p | age. |