



## **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

Full Name of Committee							
Committee to Elect Erin Upchurch							
To Whom Owed				Prior Amount	Amount Incurred this Period		
Merisa K. Bowers				150.00	100.00		
Street Address				Item or Purpose of Debt	Outstanding Balance		
400 S 5th Street, Suite 101				treasurer services	250.00		
City	State Zip Code						
Columbus	OH ▼ 43215			Payments This Period			
<u> </u>	Date Debt was Origi	nally Incu	rred (MM/	DD/YYYY)	Date of Payment (MM/DD/Y	YYY)	Amount
			12	/01/2017		n/a	0.00
Registration Number, if PAC					Date of Payment (MM/DD/Y	YYY)	Amount
					Date of Payment (MM/DD/Y	YYY)	Amount
To Whom Owed					Prior Amount	Amoun	t Incurred this Period
						Ì	
Street Address				Item or Purpose of Debt Outstanding Balance			
						l	
City	State Zip Code			Payments This Period			
	Date Debt was Origin	nally Incu	rred (MM/	DD/YYYY)	Date of Payment (MM/DD/Y	YYY)	Amount
Registration Number, if PAC					Date of Payment (MM/DD/Y	YYY)	Amount
					:		
					Date of Payment (MM/DD/Y	YYY)	Amount
<u> </u>							
If a debt is forgiven, write "Forgiven" in the " (Form No. 31-B). Total amount forgiven sho cover page.	Outstanding Balance" uld be included in the	column. In-Kind C	Transfer to Contributio	otal of all pa	nyments made in this period to d (Form No. 31-J-1). Transfer	the Stat total outs	ement of Expenditures standing debt amount to the
Total Payments This Period \$ 0.0			(also record on Form 31 D)				
Total Layments This Penou p				(also record on Form 31-B)			
Total Outstanding Balance \$ 250.00				(also record on cover page)			