

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| Full Name of Committee McClelland for School Board | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------|--|--|--|---|-----------------------------------|--|----------------------|--|--|--|------|--|--|--------|---|---|---|----|
| To Whom Owed King Strategic Communications | | | | | Prior Amount 385.05 | | | Amt. Incurred this Period 0.00 | | | | | | | | | | | | | |
| Address 750 Cross Pointe Blvd. Suite N | | | | | Item or Purpose of Debt Direct Mail | | | Outstanding Balance 385.05 | | | | | | | | | | | | | |
| City Gahanna | | | State OH | | Zip Code 43230 | | <table border="1"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="3">Date</th> <th>Amount</th> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>\$</td> </tr> </table> | | | Payments This Period | | | | Date | | | Amount | M | D | Y | \$ |
| Payments This Period | | | | | | | | | | | | | | | | | | | | | |
| Date | | | Amount | | | | | | | | | | | | | | | | | | |
| M | D | Y | \$ | | | | | | | | | | | | | | | | | | |
| Date Debt was originally Incurred 1/02/51/3 | | | | | M | | | D | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | | | D | | | | | | | | | | | | | |
| | | | | | M | | | D | | | | | | | | | | | | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | | | | | | | | | | | | | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | | | | | | | | | | | | | |
| City | | | State | | Zip Code | | <table border="1"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="3">Date</th> <th>Amount</th> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>\$</td> </tr> </table> | | | Payments This Period | | | | Date | | | Amount | M | D | Y | \$ |
| Payments This Period | | | | | | | | | | | | | | | | | | | | | |
| Date | | | Amount | | | | | | | | | | | | | | | | | | |
| M | D | Y | \$ | | | | | | | | | | | | | | | | | | |
| Date Debt was originally Incurred | | | | | M | | | D | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | | | D | | | | | | | | | | | | | |
| | | | | | M | | | D | | | | | | | | | | | | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | | | | | | | | | | | | | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | | | | | | | | | | | | | |
| City | | | State | | Zip Code | | <table border="1"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="3">Date</th> <th>Amount</th> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>\$</td> </tr> </table> | | | Payments This Period | | | | Date | | | Amount | M | D | Y | \$ |
| Payments This Period | | | | | | | | | | | | | | | | | | | | | |
| Date | | | Amount | | | | | | | | | | | | | | | | | | |
| M | D | Y | \$ | | | | | | | | | | | | | | | | | | |
| Date Debt was originally Incurred | | | | | M | | | D | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | | | D | | | | | | | | | | | | | |
| | | | | | M | | | D | | | | | | | | | | | | | |

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 \$ 385.05 (also record on cover page)