Statement of Outstanding Debts

Prescribed by Secr	retary of S	State 1	2/01					•
Full Name of Committee								
Everyone for Ed Leonard								
To Whom Owed						or Amoun		Amt Incurred this Period
Integrity Communication Services LLC						0.0	00 745.12	
Address					Iten	ı or Purpo	se for Dubi	Outstanding Balance
3333 Everson Road West						Mon	28005	745.12
	Sta	ite /	Zip Co	de			Paymen	ts Made This Period
Columbus	OH 43215				\bot	D	ate	Amount
Date Debt was originally Incurn			ט	Y	М	D	Y	\$
Registration Number, if PAC	0	<u>71</u>	1 2	0				0.00
					M	D	Y	
							44	
					M	D	Y	1
To Whom Owed					Prior	Amount		
Edward Leonard					11101	Amount	0.00	Amt. Incurred this Period
Address					Itom c	эг Ригрозе	0.00	Outstanding Balance
3030 Gleska Drive					1	xp. R		1
City	State	Zı	p Code	;	+-			2,070.86
Columbus	OF	4	432	219	j	Date	s Made This Period Amount	
Date Debt was originally Incurred		-	D I	Y	М	D	Y	\$
	0/7	7 3	1	0 2	7	1	11	0.00
legistration Number, if PAC	<u> </u>		1	<u> </u>	М	D	Y	1
								1
					М	D	Y	
o Whom Owed								
o whom Owed					Prior A	unount		Amt. Incurred this Period
ldress								
440					Item or	Purpose f	or Debt	Outstanding Balance
ty		_			<u> </u>			
,	State Zip Code				1		ayments N	de This Period
		Ļ				Date		Amount
Date Debt was originally Incurred	M	D	-	Y	М	D	Y	\$
gistration Number, if PAC								
					M	D	Y	
			_			1		
					M	D	Y	
debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all paym	ents made	e this	period	to the	Statemer	nt of Exp	enditures é	Form No. 31 B)
al amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1).	Transfer t	total o	outstan	ding de	bt amou	nt to the c	over page.	- G. 110. 31-D),
								

If a debt is forgiven, write "Forgiver Total amount forgiven should be inc	n" in the "Outstanding Balance" column. Transfer cluded in the In-Kind Contributions Received (Fo	r total of all payments made this period to the Statement of Expenditures (Form No. 31-B). orm 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 \$	2,815.98	(also record on cover name)	