

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|--|--|--|--|-----------------------|---|--|---|--|---|
| Full Name of Committee Ebner for Judge | | | | | | | | | |
| To Whom Owed Cynthia Ebner | | | | | | Prior Amount 0.00 | | Amt. Incurred this Period 3.00 | |
| Address 405 S. Merkle Road | | | | | | Item or Purpose for Debt Newspaper | | Outstanding Balance 3.00 | |
| City Columbus | | | | State O H | | Zip Code 43209 | | Payments Made This Period | |
| | | | | | | | | Date Amount | |
| Date Debt was originally Incurred | | | | M | D | Y | M | D | Y |
| | | | | 1 | 1 | 0 | 5 | 1 | 5 |
| Registration Number, if PAC | | | | | | M | D | Y | |
| | | | | | | | | | |
| | | | | | | M | D | Y | |
| | | | | | | | | | |
| To Whom Owed Cynthia Ebner | | | | | | Prior Amount 0.00 | | Amt. Incurred this Period 104.17 | |
| Address 405 S. Merkle Road | | | | | | Item or Purpose for Debt Fundraiser Food | | Outstanding Balance 104.17 | |
| City Columbus | | | | State O H | | Zip Code 43209 | | Payments Made This Period | |
| | | | | | | | | Date Amount | |
| Date Debt was originally Incurred | | | | M | D | Y | M | D | Y |
| | | | | 0 | 4 | 1 | 6 | 1 | 5 |
| Registration Number, if PAC | | | | | | M | D | Y | |
| | | | | | | | | | |
| | | | | | | M | D | Y | |
| | | | | | | | | | |
| To Whom Owed Cynthia Ebner | | | | | | Prior Amount 0.00 | | Amt. Incurred this Period 65.50 | |
| Address 405 S. Merkle Road | | | | | | Item or Purpose for Debt Fundraiser Food | | Outstanding Balance 65.50 | |
| City Columbus | | | | State O H | | Zip Code 43209 | | Payments Made This Period | |
| | | | | | | | | Date Amount | |
| Date Debt was originally Incurred | | | | M | D | Y | M | D | Y |
| | | | | | | | | | |
| Registration Number, if PAC | | | | | | M | D | Y | |
| | | | | | | | | | |
| | | | | | | M | D | Y | |
| | | | | | | | | | |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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 \$ 172.67 (also record on cover page)