

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | | |
|---|--|--------------------|--|--------------------------|---|----------------------|---------------|--|-----------------|--|
| Full Name of Committee CAMPBELL FOR JUDGE | | | | | | | | | | |
| To Whom Owed Leap Graphics | | | | | Prior Amount | | | Amt. Incurred this Period \$225.00 | | |
| Address 1565 Alumcrest Ln. | | | | | Item or Purpose of Debt Logo | | | Outstanding Balance \$100.00 | | |
| City Columbus | | State OH | | Zip Code 43209 | | Payments This Period | | | | |
| | | | | | | Date | | Amount | | |
| | | | | | | | | | | |
| Date Debt was originally Incurred | | | | | M 0 | | D 6 | | Y 1 0 | |
| | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | | D | | Y | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| To Whom Owed PC Signs | | | | | Prior Amount | | | Amt. Incurred this Period \$1,789.20 | | |
| Address 2534 Commerce Blvd. | | | | | Item or Purpose of Debt Signs | | | Outstanding Balance \$889.20 | | |
| City Cincinnati | | State OH | | Zip Code 45241 | | Payments This Period | | | | |
| | | | | | | Date | | Amount | | |
| | | | | | | | | | | |
| Date Debt was originally Incurred | | | | | M 0 | | D 9 | | Y 0 2 | |
| | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | | D | | Y | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | | |
| City | | State OH | | Zip Code | | Payments This Period | | | | |
| | | | | | | Date | | Amount | | |
| | | | | | | | | | | |
| Date Debt was originally Incurred | | | | | M | | D | | Y | |
| | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | | D | | Y | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 \$ **\$1,025.00** (also record on Form 31-B)

Total Outstanding Balance \$ **\$989.20** (also record on cover page)