Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee									
Pfeiffer for Judge									

To Whom Owed: Barbara Pfeiffer

Prior Amount	Amt. Incurred this Period
431.60	

Address: 14 E. Gay Street, 2nd FL

Item or Purpose for Debt	Outstanding Balance
Lit	

City: Columbus **State:** OH **Zip Code:** 43215

Payments Made This Period

Date Debt was originally Incurred	M	D	Y	M	D	Y	$
	0 9	2 5	1 1	0 1	0 3	1 2	431.60
Registration Number, if PAC				M D Y			
				M D Y			

To Whom Owed: Erin O'Donnell

Prior Amount	Amt. Incurred this Period
173.04	

Address: 832 S. 5th ST

Item or Purpose for Debt	Outstanding Balance
Food & Beverage	

City: Columbus **State:** OH **Zip Code:** 43206

Payments Made This Period

Date Debt was originally Incurred	M	D	Y	M	D	Y	$
	1 0	1 9	1 1	0 1	2 4	1 2	173.04
Registration Number, if PAC				M D Y			
				M D Y			

To Whom Owed:

Prior Amount	Amt. Incurred this Period

Address:

Item or Purpose for Debt	Outstanding Balance

City: **State:** **Zip Code:**

Payments Made This Period

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 $ _____604.64_____ (also record on Form 31-B)

Total Outstanding Balance $ _____0.00_____ (also record on cover page)