Statement of Outstanding Debts

Prescribed by Socretary of State 2/01

Full Name of Committee	· · · · · · · · · · · · · · · · · · ·		
BRESSMAN FOR BOARD			
To Whom Owed		Prior Amount	Amt. Incurred this Period
KAREN R. BRESSMAN		\$87.60	And themselves has reason.
Address		Item or Purpose of Debt	Outstanding Balance
8633 BROADACRE DRIVE		AD CARDS VISTA	\$0.00
City	State Zip Code		
POWELL	OH 43065	Payments This Period Date Amount	
Date Debt was originally Incurred	0 6 0 7 1 3	1 2 1 2 1 3	\$ \$87.60
Registration Number, if PAC		M D Y	
		M D Y	
To Whom Owed		Prior Amount	And Incorred this Period
KAREN R. BRESSMAN		\$46.53	
Address	-	Item or Perpose of Debt	Outstanding Balance
8633 BROADACRE DRIVE		PARADE CANDY	\$0.00
City	Staj te Zip Code	Payments This Period	
POWELL	OH 43065	Date	Amount
Date Debt was originally Incurred	$\begin{bmatrix} M \\ O \\ 7 \end{bmatrix} \begin{bmatrix} D \\ O \\ 3 \end{bmatrix} \begin{bmatrix} Y \\ 1 \end{bmatrix} 3$	M 1 2 1 2 1 3	\$ \$46.53
Registration Number, if PAC		M D Y	
		M D Y	
To Whom Owed		Prior Amount	Amt. Incested this Period
KAREN R. BRESSMAN		\$49.90	
Address		Item or Purpose of Debt	Outstanding Balance
8633 BROADACRE DRIVE		WEB HOST	
Ciry POWELL	Star, to Zip Code OH 43065	Payments This Period	
POWELL	M D Y	Date M D Y _i	Amount
Date Debt was originally Incurred	0 8 3 1 1 3	1 2 1 2 1 3	\$49.90
Registration Number, if PAC		M D Y	
		M D Y	
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If a debt is fixgiven, write "Forgiven" in the "Octstanding 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 \$	\$184.03	(also record on Form 31-B)
Total Outstanding Balance \$	\$0.00	(also record on cover page)