



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee to Elect Erin Upchurch				
To Whom Owed Merisa K. Bowers		Prior Amount 2,500.00	Amount Incurred this Period 0.00	
Street Address 400 S 5th Street, Suite 101		Item or Purpose of Debt treasurer services	Outstanding Balance FORGIVEN	
City Columbus	State OH	Zip Code 43215	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 12/01/2017		Date of Payment (MM/DD/YYYY) n/a	Amount 0.00	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
		Date of Payment (MM/DD/YYYY)	Amount	
To Whom Owed		Prior Amount	Amount Incurred this Period	
Street Address		Item or Purpose of Debt	Outstanding Balance	
City	State	Zip Code	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
		Date of Payment (MM/DD/YYYY)	Amount	

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 \$ 0.0 (also record on Form 31-B)

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