31-N				
R.C.	3517.10			

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/0:

Prescribed by Secretary	of State	2/01						
Full Name of Committee								
Kilroy for Commissioner							· · · · · · · · · · · · · · · · · · ·	
To Whom Owed				Prior Amount			Amt. Incurred this Period	
Mary Jo Kilroy				6,125.25			0.00	
Address				Item or Purpose for Debt			Outstanding Balance	
3100 Midgard Rd.				POSTAGE, CON			6,125.25	
City Columbus	State Zip Code O H 43202			Pa Date	ayments l	Made This Period Amount		
Date Debt was originally Incurred	м 1 1	D 1 4	Y 9 5	М	D	Y	\$	
Registration Number, if PAC			1	М	D	Y		
				М	D	Y	<u>[</u>	
To Whom Owed				Prior An	nount		Amt. Incurred this Period	
Address				Item or	Purpose	for Debt	Outstanding Balance	
City	State	Zip Coo	de	Payments Made This Period Date Amount				
Date Debt was originally Incurred	M,	D	Y	М	D	Y	S	
Registration Number, if PAC		•		М	D	Y		
				M	D	Y		
To Whom Owed				Prior Ar	nount		Amt. Incurred this Period	
Address				Item or	Purpose	for Debt	Outstanding Balance	
City	State	Zip Co	de		Payments Made This Period Date Amount			
Date Debt was originally Incurred	М	D	Y	M	D	Y	\$	
Registration Number, if PAC	-,			M	Ď	Y		
				М	D	Y		
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all pay	ments m	ade this	period to	he Statem	ent of Ex	openditure	es (Form No. 31-B).	

Total amount forgiven should be incl	luded in the In-Kind Contributions Received (For	rm No. 31-J-1). Transfer total outstanding debt amount to the cover pagi
Total Payments this Period \$	0.00	_ (also record on Form 31-B)
Total Outstanding Balance \$	6,125.25	(also record on cover page)