

Total Outstanding Balance \$

## **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

Full Name of Committee					
Full Name of Committee Friends of Jessica Saad					
To Whom Owed Jessica Saad			Prior Amount	Amou	nt Incurred this Period
Street Address 2381 Fair Avenue			Item or Purpose of Debt TShirts Vard Sighs	•	nding Balance 792.09
City	State	Zip Code 43209	Payments This Period		
Date Debt was Original Control of the Control of th		irred (MM/DD/YYYY)	Date of Payment (MM/DD/Y	YYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/Y)	YYY)	Amount
			Date of Payment (MM/DD/YYYY) Amount		Amount
To Whom Owed			Prior Amount	Amou	nt Incurred this Period
Street Address	<del></del>		Item or Purpose of Debt	Outsta	inding Balance
City	State	Zip Code	Payments This Period		
Date Debt was Orig	ginally Incu	I irred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/Y	YYY)	Amount
			Date of Payment (MM/DD/Y	YYY)	Amount
				<del> </del>	<u> </u>
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 \$		(aiso recor	d on Form 31-B)		
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