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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee					
Citizens for Leeseberg					
To Whom Owed	1	Prior Am	ount		Amt. Incurred this Period
James Leeseberg			3 60	7.68	
Address			urpose for		Outstanding Balance
651 Rose Way			mpai	gn	3,000.00
City State Zip Co	ode				Ande This Period
Gahanna OH 43	OH 43230			,	Amount
M D	Y	M	D	Y	\$
0 6 2 5	5 1 3	0 7	2 3	1 9	607.68
Registration Number, if PAC		M	D	Y	
		M	D	Y	
To Whom Owed		Deing Am	ount.		Amt. Incurred this Period
	Prior Amount			00	
James Leeseberg 3,000 Address Item or Purpose for D				0.00 Outstanding Balance	
			-		2,000.00
651 Rose Way City State Zip Co	ode	Campaign			
1 · · · · · · · · · · · · · · · · · · ·	3230	Payments M Date			Made This Period Amount
M D	Y	М	D	Y	\$
0 6 2 5	5 1 3	0 9	1 9	1 9	1,000.00
Registration Number, if PAC	-	М	D	Y	
		M	D	Y	
To Whom Owed		Prior An	ount		Amt. Incurred this Period
				5.1.	
Address		item or P	urpose for	Debt	Outstanding Balance
City State Zip Co	ode				
State Zip CC	ode	Payments Made This Period Date Amount			
M D	Y	М	D	Y	S
				Ī	
Registration Number, if PAC		M	D	Y	
1					
		М	D	Ÿ	

if a debt is forgiver, write Torgiver	in the Outstanding Datanee Column. Transfer total of an payments made this period to the Satement of Expenditures (Form No. 31-2)				
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 \$	1,607.68 (also record on Form 31-B)				

Total Outstanding Balance \$ 2,000.00 (also record on cover page)