Total Outstanding Balance \$

## **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

Full Name of Committee									
Citizens for Leeseberg					18 T .	_		· · · · · · · · · · · · · · · · · · ·	
To Whom Owed					Prior An			Amt. Incurred this Period	
James Leeseberg  Address					3,607.68			0.00	
					1			Outstanding Balance	
651 Rose Way	State Zip Code					impa	ıgn	3,607.68	
Gahanna	O F		:0de 132	30	Payments Made This Period Date Amount				
Date Debt was originally Incurred	м 0   6	D 2	5	Y 1 3	М	D	Y	s 0.00	
Registration Number, if PAC	<u> </u>		-1	- 10	M	D	Y		
					М	D	Y		
To Whom Owed					Prior An	nount		Amt. Incurred this Period	
Address					Item or P	urpose for	Debt	Outstanding Balance	
City	State	Zip C	ode			Pa Date	Made This Period Amount		
Date Debt was originally incurred	М	D		Y	M	D	Y	S	
Registration Number, if PAC					М	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount Amt. Incurred this Period				
Address		<del></del>			Item or P	Item or Purpose for Debt Outstanding Balance			
City	State	Zip C	ode		Payments Made This Period Date Amount				
Date Debt was originally incurred	М	D		Y	М	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					М	D	Y		
					!				

if a debt is longiven, write Torgiven	in the Outstanding Balance Column. Hairster was of an payments made this period to the Statement of Expenditure	cs (1 01th 140. 3						
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 \$	0.00 (also record on Form 31-B)							

3,607.68 (also record on cover page)