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## **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

| Call Manage of Constitution                  |              |                  | -                 |     |                                   |                |               |                                     |
|--|--------------|------------------|-------------------|-----|-----------------------------------|----------------|---------------|-------------------------------------|
| Full Name of Committee Keck for School Board |              |                  |                   |     |                                   |                |               |                                     |
| To Whom Owed Heather Keck                    |              |                  |                   |     | Prior Amoun                       |                |               | Amt, Incurred this Period<br>\$0.00 |
| Address 3400 Heritage Oaks Drive             |              |                  |                   |     | Item or Purpo                     |                | rials         | Outstanding Balance<br>\$459.78     |
| City<br>Hilliard                             |              | Sta te<br>OH     | Zip Code<br>43026 |     | Payments This Period  Date Amount |                |               |                                     |
| Date Debt was originally Incurred            | ·            | 0 <sup>M</sup> 8 | 1 2               | 1 5 | M <sub>.</sub>                    | D<br>          | Y             | s                                   |
| Registration Number, if PAC                  |              | 1                |                   |     | M,                                | D              | Y             |                                     |
|  |              |                  |                   |     | М                                 | D <sub>_</sub> | Y<br>         |                                     |
| To Whom Owed                                 |              |                  |                   |     | Prior Amoun                       | it             |               | Amt. Incurred this Period           |
| Address                                      |              |                  |                   |     | Item or Purp                      | ose of Debt    |               | Outstanding Balance                 |
| City   |              | Sta te<br>OH     | Zip Code          |     | Payments This Perio<br>Date       |                |               | This Period Amount                  |
| Date Debt was originally Incurred            |              | M                | D                 | Y   | M                                 | D <sub>;</sub> | Y.            | \$                                  |
| Registration Number, if PAC                  |              | -l- ·            | .1                |     | M                                 | D              | Y             |                                     |
|  |              |                  |                   |     | M                                 | D              | Y             |                                     |
| To Whom Owed                                 |              |                  | <u>.</u>          |     | Prior Amour                       | nt             |               | Amt. Incurred this Period           |
| Address                                      | <del>-</del> |                  |                   |     | Item or Purp                      | ose of Debt    | <del></del> , | Outstanding Balance                 |
| City   |              | Stal te          | Zip Code          |     |                                   | Date           | Payments      | This Period Amount                  |
| Date Debt was originally Incurred            |              | М                | D <sub>.</sub>    | Y   | M,                                | D              | Y             | \$                                  |
| Registration Number, if PAC                  |              | . <del> </del> ! |                   | •   | M,                                | D              | Y             |                                     |
|  |              |                  |                   |     | M ,                               | D              | Y,            |                                     |
|  |              |                  |                   |     | <u>'</u>                          | <u> </u>       |               | <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 \$ | \$0.00   | (also record on Form 31-B  |
|-------------------------------|----------|----------------------------|
| Total Outstanding Balance \$  | \$459.78 | (also record on cover page |