

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

|   |  |  |                    |  |  |  |   |   |          |
|---|--|--|--------------------|--|--|--|---|---|----------|
| Full Name of Committee<br><b>BRESSMAN FOR BOARD</b> |  |  |                    |  |  |  |   |   |          |
| To Whom Owed<br><b>KAREN R. BRESSMAN</b>            |  |  |                    |  | Prior Amount                                     |  |   | Amt. Incurred this Period<br><b>\$50.00</b> |          |
| Address<br><b>8633 BROADACRE DRIVE</b>              |  |  |                    |  | Item or Purpose of Debt<br><b>WEBSITE IMAGES</b> |  |   | Outstanding Balance<br><b>\$50.00</b>       |          |
| City<br><b>POWELL</b>                               |  |  | State<br><b>OH</b> |  | Zip Code<br><b>43065</b>                         |  | <div>Payments This Period</div> <div>Date</div> <div>Amount</div> |   |          |
| Date Debt was originally Incurred                   |  |  | M<br><b>0</b>      |  | D<br><b>8</b>                                    |  | Y<br><b>1</b>   |   | <b>3</b> |
| Registration Number, if PAC                         |  |  |                    |  | M  |  | D   |   | Y        |
|   |  |  |                    |  | M  |  | D   |   | Y        |
| To Whom Owed  |  |  |                    |  | Prior Amount                                     |  |   | Amt. Incurred this Period                   |          |
| Address   |  |  |                    |  | Item or Purpose of Debt                          |  |   | Outstanding Balance                         |          |
| City  |  |  | State<br><b>OH</b> |  | Zip Code   |  | <div>Payments This Period</div> <div>Date</div> <div>Amount</div> |   |          |
| Date Debt was originally Incurred                   |  |  | M                  |  | D  |  | Y   |   |          |
| Registration Number, if PAC                         |  |  |                    |  | M  |  | D   |   | Y        |
|   |  |  |                    |  | M  |  | D   |   | Y        |
| To Whom Owed  |  |  |                    |  | Prior Amount                                     |  |   | Amt. Incurred this Period                   |          |
| Address   |  |  |                    |  | Item or Purpose of Debt                          |  |   | Outstanding Balance                         |          |
| City  |  |  | State<br><b>OH</b> |  | Zip Code   |  | <div>Payments This Period</div> <div>Date</div> <div>Amount</div> |   |          |
| Date Debt was originally Incurred                   |  |  | M                  |  | D  |  | Y   |   |          |
| Registration Number, if PAC                         |  |  |                    |  | M  |  | D   |   | Y        |
|   |  |  |                    |  | M  |  | D   |   | Y        |

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 \$ \$50.00 (also record on cover page)