

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|---|--|--|--|-----------------------------|--|---|--|--|--|
| Full Name of Committee Pfeiffer for Judge | | | | | | | | | |
| To Whom Owed Barbara Pfeiffer | | | | | | Prior Amount | | Amt. Incurred this Period 431.60 | |
| Address 14 E. Gay Street, 2nd FL | | | | | | Item or Purpose for Debt Lit | | Outstanding Balance 431.60 | |
| City Columbus | | | | State O H | | Zip Code 43215 | | Payments Made This Period Date Amount | |
| Date Debt was originally Incurred | | | | M D Y 0 9 2 5 1 1 | | M D Y | | \$ | |
| Registration Number, if PAC | | | | | | M D Y | | | |
| | | | | | | M D Y | | | |
| To Whom Owed Erin O'Donnell | | | | | | Prior Amount | | Amt. Incurred this Period 173.04 | |
| Address 832 S. 5th ST | | | | | | Item or Purpose for Debt Food & Beverag | | Outstanding Balance 173.04 | |
| City Columbus | | | | State O H | | Zip Code 43206 | | Payments Made This Period Date Amount | |
| Date Debt was originally Incurred | | | | M D Y 1 0 1 9 1 1 | | 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 for Debt | | Outstanding Balance | |
| City | | | | State | | Zip Code | | Payments Made This Period Date Amount | |
| Date Debt was originally Incurred | | | | M D Y | | 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 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 \$ 604.64 (also record on cover page)