

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee People For Cope									
To Whom Owed Michael D. Cope						Prior Amount 5,577.39		Amt. Incurred this Period	
Address 4549 Dirham Lane						Item or Purpose for Debt postcards		Outstanding Balance 5,555.29	
City Hilliard				State OH	Zip Code 43026		Payments Made This Period		
Date Debt was originally Incurred						Date		Amount	
				M	D	Y	M	D	Y
				1	1	1	4	0	7
Registration Number, if PAC						M	D	Y	\$
									0.00
Registration Number, if PAC						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 Debt was originally Incurred						Date		Amount	
				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	\$
Registration Number, if PAC						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 Debt was originally Incurred						Date		Amount	
				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	\$
Registration Number, if PAC						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 \$ 5,555.29 (also record on cover page)