



Statement of Outstanding Debts

Form 31-N R.C. 3517.10

To Whom Owed			Prior Amount		
Cynthia Ebner		0	1200.00		
Street Address		Item or Purpose of Debt	Outstanding Balance		
405 S. Merkle Road		Officeholder Investmer	1200.00		
State	Zip Code				
ОН	43209	Payments This Period			
e Debt was Originally Inc	curred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount	
	07/01/2018	07/10/2018 1200.00		1200.00	
		Date of Payment (MM/DD/YYYY) Amount		Amount	
		Date of Payment (MM/DD/Y)	YY)	Amount	
		Prior Amount Amou		unt Incurred this Period	
		Item or Purpose of Debt Outstanding Balance			
State OH	Zip Code	Payments This Period Date of Payment (MM/DD/YYYY) Amount			
e Debt was Originally Inc	curred (MM/DD/YYYY)				
		Date of Payment (MM/DD/YYYY) Amount Date of Payment (MM/DD/YYYY) Amount			
				Amount	
	OH e Debt was Originally Ind	e Debt was Originally Incurred (MM/DD/YYYY) 07/01/2018 State Zip Code	Item or Purpose of Debt Officeholder Investmer State	State Zip Code OH 43209 Payments This Date of Payment (MM/DD/YYYY) Date of Payment (MM/DD/YYYY) Date of Payment (MM/DD/YYYY) Date of Payment (MM/DD/YYYY) Date of Payment (MM/DD/YYYY) Date of Payment (MM/DD/YYYY) Prior Amount Amount State Zip Code OH Payment (MM/DD/YYYY) Date of Payment (MM/DD/YYYY)	

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	(also record on Form 31-B)
Total Outstanding Balance \$ 1200.00	(also record on cover page)