| 31-N | |
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| R.C. 3517.10 | |

| Page |
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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| Whom Owed Ohn W. Uttley, III | | Prior Amount \$217.67 | | Amt. Incurred this Period |
|--|---------------|---|--|---|
| | | | rices | Outstanding Balance \$217.67 |
| State Zip Code OH 43026 | | Payments This Period Date Amount | | |
| 0 2 2 6 1 1 | M | D | Y | \$ |
| | М | D | Y | |
| • | М | D | Ý | |
| | Prior Amoi | unt | • | Amt. Incurred this Period |
| | Item or Pur | pose of Debt | | Outstanding Balance |
| Sta te Zip Code | | | Payments This Period Date Amount | |
| M D Y | М | D | Y | \$ |
| The state of the s | M | D | Y | |
| | M | D | Y | |
| | Prior Amoi | unt | • | Aut. Incurred this Period |
| | Item or Pur | rpose of Debt | | Outstanding Balance |
| Starte Zip Code | | Payments This Period Date Amount | | |
| M D Y | M | D | Y | \$ |
| | M | D | Y | |
| | M | D | Y | |
| | OH 43026 O | State Zip Code OH 43026 M D Y M M M M M M M M M | \$217.67 Item or Purpose of Debt Goods & Serv OH | \$217.67 Item or Purpose of Debt Goods & Services State |

| 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 | amoun |
|---|-------|
| 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 \$ | \$217.67 | (also record on cover page) | | |