

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|---|--|--|--|--|-----------------------|--|---|--|--|---|-------------------|--|
| Full Name of Committee Vote Dempsey Committee | | | | | | | | | | | | |
| To Whom Owed Marc Gaunce / Tactical Edge Ltd. | | | | | | | Prior Amount 1,000.00 | | | Amt Incurred this Period 0.00 | | |
| Address 929 Harrison Avenue | | | | | | | Item or Purpose for Debt Consulting | | | Outstanding Balance 1,000.00 | | |
| City Columbus | | | | | State O H | | Zip Code 43215 | | Payments Made This Period Date Amount | | | |
| Date Debt was originally incurred | | | | | M 1 | | D 0 | | Y 0 | | \$ 0.00 | |
| 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 | | \$ | |
| 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 | | \$ | |
| 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 | | \$ | |
| 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 \$ 1,000.00 (also record on cover page)