31-N R.C. 3517.10

| Page | |
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| | |

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| Full Name of Committee | | | | |
|--|--|--------------------------------|--------------------------------------|-------------------------------------|
| Friends For Hedrick | | | Prior Amount | Amt. Incurred this Period |
| To Whom Owed Bill Hedrick | | | \$10,600.00 | \$0.00 |
| Address 535 West 1sr Ave. | Item or Purpose of Debt Loans | Outstanding Balance "Forgiven" | | |
| City Columbus | Stal te OH | Zip Code 43215 | Date | ts This Period Amount |
| Date Debt was originally Incurred | 0 1 | 0 8 0 4 | 0 3 1 1 0 9 | \$ \$53.71 |
| Registration Number, if PAC | | | M D Y | |
| | | | M D Y | |
| To Whom Owed | | | Prior Amount | Amt. Incurred this Period |
| Address | | | Item or Purpose of Debt | Outstanding Balance |
| City | Stal te OH | Zip Code | Payments This Period Date Amount | |
| Date Debt was originally Incurred | M | D Y | M D Y | \$ |
| Registration Number, if PAC | 34/07/03/04/04/04/04/04/04/04/04/04/04/04/04/04/ | | M D Y | |
| | | | M D Y | |
| To Whom Owed | | | Prior Amount | Amt. Incurred this Period |
| Address | | | Item or Ригроѕе of Debt | Outstanding Balance |
| City | Sta te OH | Zip Code | Payments This Period Date Amount | |
| Date Debt was originally Incurred | M | D Y | M D Y | \$ |
| Registration Number, if PAC | | L | M D Y | |
| | | | M D Y | |
| If a debt is forgiven, write "Forgiven" in the "Outstanding Balanc | ce" column. Transfer total of a | ll payments made in | this period to the Statement of Expe | nditures (Form No. 31-B). Total amo |

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 ln-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

| Total Payments this Period \$ _ | \$53.71 | (also record on Form 31-B) |
|---------------------------------|---------|-----------------------------|
| Total Outstanding Balance \$ | \$0.00 | (also record on cover page) |