

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

|  |  |  |  |  |                    |   |                                 |   |  |  |    |   |   |          |
|--|--|--|--|--|--------------------|---|---------------------------------|---|--|--|----|---|---|----------|
| Full Name of Committee<br><b>Rutherford for Ward 3 Council</b> |  |  |  |  |                    |   |                                 |   |  |  |    |   |   |          |
| To Whom Owed<br><b>Richard C. Rutheford</b>                    |  |  |  |  |                    |   | Prior Amount<br><b>1,892.04</b> |   |  | Amt. Incurred this Period<br><b>0.00</b> |    |   |   |          |
| Address<br><b>1933 Iris Ct.</b>                                |  |  |  |  |                    |   | Item or Purpose for Debt        |   |  | Outstanding Balance<br><b>Forgiven</b>   |    |   |   |          |
| City<br><b>Grove City</b>                                      |  |  |  |  | State<br><b>OH</b> |   | Zip Code<br><b>43123</b>        |   | <b>Payments Made This Period</b><br>Date                      Amount |  |    |   |   |          |
| Date Debt was originally Incurred                              |  |  |  |  | M                  | D | Y                               | M | D  | Y  | \$ |   |   |          |
|  |  |  |  |  |                    |   |                                 | 1 | 2  | 1  | 0  | 0 | 9 | 1,517.09 |
| 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                        |   | <b>Payments Made This Period</b><br>Date                      Amount |  |    |   |   |          |
| Date Debt was originally Incurred                              |  |  |  |  | M                  | D | Y                               | 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                        |   | <b>Payments Made This Period</b><br>Date                      Amount |  |    |   |   |          |
| Date Debt was originally Incurred                              |  |  |  |  | M                  | D | Y                               | 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 \$ 1,517.09 (also record on Form 31-B)

Total Outstanding Balance \$ forgiven (also record on cover page)