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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01			
Full Name of Committee			
RUTHERFORD FOR WARD 3 WUNCIL	6		
To Whom Owed	Prior Amount	Amt. Incurred this Period	
RÍCHARD C. RUTHERFORD	468 7	167 ==	
	Item or Purpose for Debt	Outstanding Balance	
1933 TRIS CT	Site	636 EL	
City State Zip Code	Payments N	Aade This Period	
GROVE CITY OH 43123	Date	Amount	
Date Debt was originally Incurred M D Y	M D Y	\$	
07/609			
Registration Number, if PAC	M D Y		
	M D Y		
To Whom Owed	Prior Amount	Amt. Incurred this Period	
Pionan C PATHERSON	636 CT		
Address		Outstanding Balance	
1932 Tele Co	Item or Purpose for Debt	1847 º 4	
City State Zip Code	MAT'L.		
RICHARD C. RYTHERFORD Address 1933 IRIS CT City GROVE CITY M. D. V.	Payments M Date	Made This Period Amount	
Date Debt was originally Incurred M D Y	M D Y	TS	
018 /17 019			
Registration Number, if PAC	M D Y		
	M D Y		
To Whom Owed	Prior Amount	Amt. Incurred this Period	
RICHARD C. RUTHERFORD Address 1933 IRIS CT.	1847 -	4500	
Address	Item or Purpose for Debt	Outstanding Balance	
1933 IRIS CT.	FEE	1892 Tx	
City State Zip Code	Payments I	Made This Period	
GROVE CITY DH 43/23	Date	Amount	
Date Debt was originally Incurred M D Y	M D Y	\$	
062909			
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 Expendit	ures (Form No. 31-R)	
Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding	g debt amount to the cover	page.	

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