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 | | | | | | | |
|---|----------------------------|-------------|--------------|------------------|--------------|-----------|---|
| Greg Scott For Mayor | | | | | | | |
| To Whom Owed | | | | Prior Amou | nt | | Amt. Incurred this Period |
| David G Scott | | | | \$0.0 | 00 | | \$661.77 |
| Address | | | | Item or Pur | ose of Deb | 1 | Outstanding Balance |
| 1722 Obetz Ave | | | | Printi | ng | | \$661.77 |
| City Obetz | State Zip Code OH 43207 | | | Payments Date | | | s This Period Amount |
| Date Debt was originally Incurred | 1 0 | 0 7 | 1 5 | M | D | Y | s |
| Registration Number, if PAC | 1 ' | 1 1 | 1 | M | D | Y | |
| | | | | M | D | Y | , |
| To Whom Owed | | | | Prior Amou | nt | <u> </u> | Amt. Incurred this Period |
| Address | | <u>-</u> | | Item or Purp | oose of Debt | : | Outstanding Balance |
| City | Sta te | Zip Code | • | Payments Th | | | This Period Amount |
| Date Debt was originally Incurred | M | Ď | Y | M | P | Y | \$ |
| Registration Number, if PAC | 1 . | <u> </u> | J! | М | D | Y | |
| | | · - | 4 | M | D | Y | |
| To Whom Owed | | • | | Prior Amou | nt | | Amt. Incurred this Period |
| Address | | | | ltem or Purp | ose of Debt | • | Outstanding Balance |
| City | Sta te OH | Zip Code | : | | Date | Payments | This Period Amount |
| Date Debt was originally Incurred | М | D | Y | М | D | Y | s |
| Registration Number, if PAC | 1 ! | 1 1 | 1 | М | D | Y | |
| | | <u>.</u> | | M | D | Y | |
| If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Tran | sfer total of | all navment | ts made in t | his period to t | the Statemer | of Expend | fitures (Form No. 31-B). Total amount |

| If a debt is lorgiven, write "Forgiven" in the "Outstanding Halance" 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 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 \$ | \$661.77 | (also record on cover page |