| Page | 2 |
|------|---|

## **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

| Full Name of Committee            | =           |        |                                       |     |                                  |             |          |                           |
|-----------------------------------|-------------|--------|---------------------------------------|-----|----------------------------------|-------------|----------|---------------------------|
| Citizens for Uttley               |             |        |                                       |     |                                  |             |          |                           |
| To Whom Owed                      |             |        |                                       |     | Prior Amoun                      | ī           |          | Amt. Incurred this Period |
| John W. Uttley, III               |             |        |                                       | 1   | 217.                             | .67         |          | 0.00                      |
| Address                           |             |        |                                       |     | Item or Purpo                    | ose of Debt |          | Outstanding Balance       |
| 4177 Stoneroot Drive              |             |        |                                       |     | Goods &                          | Servic      | es       | 217.67                    |
| City                              |             | State  | Zip Code                              |     | Payments This Period             |             |          |                           |
| Hilliard                          | <u> </u>    | OH     | 43026                                 |     | <del></del>                      | Date        |          | Amount                    |
| Date Debt was originally incurred |             | 0 2    | 2 6 1                                 | 1   | N1<br> <br>                      | D.          | 7        |                           |
| Registration Number, if PAC       | <u>-</u>    | •      |                                       |     | M                                | D           | Y        |                           |
|                                   |             |        |                                       |     | M:                               | D           | Y        |                           |
| To Whom Owed                      | <u>.</u>    | ., .   |                                       |     | Prior Amoun                      | it          |          | Aut. Incurred this Period |
| Address                           |             |        |                                       | •   | hem or Purp                      | ose of Debi |          | Ourstanding Balance       |
| City                              |             | Sta te | Zip Code                              | 7   | Payments This Period Date Amount |             |          | This Period<br>Amount     |
| Date Debt was originally incurred |             | М      | D                                     | Y 3 | M.                               | D           | Y        | <u>-</u>                  |
| Registration Number, if PAC       |             | 1      |                                       | 1.5 | M<br>.i.d                        | D           | Y        | ν,                        |
|                                   |             |        |                                       |     | M                                | D           | Y        |                           |
| To Whom Owed                      | <del></del> |        |                                       |     | Prior Amou                       | nt          |          | Amt, Incurred this Period |
| Address                           |             |        | -                                     | •   | ftem or Purp                     | ose of Debt | :        | Outstanding Balance       |
| City                              |             | Sta te | Zip Code                              |     |                                  | Date        | Payments | This Period<br>Amount     |
| Date Debt was originally Incurred |             | M      | D                                     | Y   | M                                | D           | Y        | \$                        |
| Registration Number, if PAC       |             | -•     | · · · · · · · · · · · · · · · · · · · |     | M:                               | D           | Y        |                           |
|                                   | ,           |        |                                       |     | М                                | D           | Y        |                           |
|                                   |             |        |                                       |     |                                  |             | -        |                           |

| f a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column | t. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amou |
|--|--|
| orgiven should be included in the In-Kind Contributions Received (Form N   | 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 \$  | 217.67 | (also record on cover page |