

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee People for Cope									
To Whom Owed Michael D. Cope					Prior Amount 5,520.47			Amt. Incurred this Period	
Address 4549 Dirham Lane					Item or Purpose of Debt Postcards			Outstanding Balance 5,520.47	
City Hilliard		State OH		Zip Code 43026		<div>Payments This Period</div> <div>Date</div> <div>Amount</div>			
Date Debt was originally Incurred		M	D	Y	M	D	Y	\$	
Registration Number, if PAC		1	1	1	4	0	7		
					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State OH		Zip Code		<div>Payments This Period</div> <div>Date</div> <div>Amount</div>			
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 of Debt			Outstanding Balance	
City		State OH		Zip Code		<div>Payments This Period</div> <div>Date</div> <div>Amount</div>			
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 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 \$ 5,520.47 (also record on cover page)