

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee					Prior Amount	Amt. Incurred this Period
To Whom Owed RTM			Item or Purpose of Debt Postage		Outstanding Balance \$225.66	
Address 3060 Scioto Darby Exec, CT			Date 04/20/11		Amount \$225.66	
City Hilliard	State OH	Zip Code 43026				
Date Debt was originally Incurred						
Registration Number, if PAC						
To Whom Owed RTM			Item or Purpose of Debt Advertising		Outstanding Balance	
Address 3060 Scioto Darby Exec, CT			Date 04/20/11		Amount \$1157.00	
City Hilliard	State OH	Zip Code 43026				
Date Debt was originally Incurred						
Registration Number, if PAC						
To Whom Owed RTM Enterprises			Item or Purpose of Debt		Outstanding Balance	
Address 3060 Scioto Darby Exec. CT			Date 05/01/11		Amount \$400.00	
City Hilliard	State OH	Zip Code 43026				
Date Debt was originally Incurred						
Registration Number, if PAC						

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 \$ \$0.00 (also record on cover page)