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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| E UN | _ | | | | | | |
|--|--------------|-------------------|-------------------------|----------------------------------|------------|---------------------|----------------------------------|
| Full Name of Committee Richard Sharp for Bexley City Council | | | | | | | |
| To Whom Owed Richard Sharp | | | | Prior Amount \$25.00 | | | Amt. Incurred this Period \$0.00 |
| Address | | | | Item or Purpose of Debt | | | Outstanding Balance |
| 845 College Ave | | | | Filing-Ethics Disclosure | | | \$25.00 |
| City Bexley | Sta te OH | Zip Code 43209 | | Payments This Period Date Amount | | | |
| Date Debt was originally Incurred | м 0 4 | D 1 5 | Y 1 1 | М | D | Y | \$ |
| Registration Number, if PAC | L | I | | М | D | Y | |
| | | | | М | D | Y | |
| To Whom Owed | | | | Prior Amour | nt | <u> </u> | Amt. Incurred this Period |
| Richard Sharp | chard Sharp | | | \$35.00 | | | \$0.00 |
| Address | | | Item or Purpose of Debt | | | Outstanding Balance | |
| 845 College Ave | | | | Website | e Renew | al | \$35.00 |
| City Bexley | Sta te OH | Zip Code 43209 | | Payments This Period | | | |
| | M | D | Y | M | Date D | Y | Amount \$ |
| Date Debt was originally Incurred | 0 8 | 1 0 | 1 1 | | | 1 | |
| Registration Number, if PAC | | <u> </u> | <u> </u> | М | D | Y | |
| | | | | М | D | Y | |
| To Whom Owed | | | | Prior Amour | ıt | <u> </u> | Amt. Incurred this Period |
| Richard Sharp | | | \$35.00 | | | \$0.00 | |
| Address | | | Item or Purpose of Debt | | | Outstanding Balance | |
| 845 College Ave | | | | Filing-E | thics Disc | closure | \$35.00 |
| City | Sta te | Zip Code | | | | D | This basis a |
| Bexley | ОН | 43209 | | Payments This Period Date Amount | | | |
| Date Debt was originally Incurred | м 0 4 | 1 5 | 1 2 | M | D | Y | S |
| Registration Number, if PAC | <u> </u> | 1 | 1 | M | D | Y | |
| | | | | М | D | Y | |
| | | | | | L | | |

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 \$ | \$95.00 | (also record on cover page) |