31-N R.C. 3517.10

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## **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

| Full Name of Committee            | NATION OF THE PARTY.    |          | niorio politica incomódio |                                   |              |                       |                           |
|-----------------------------------|-------------------------|----------|---------------------------|-----------------------------------|--------------|-----------------------|---------------------------|
| Citizens for Rhodes               |                         |          |                           |                                   |              |                       |                           |
| To Whom Owed                      |                         |          |                           | Prior Amount                      |              |                       | Amt. Incurred this Period |
| Jeffrey D. Kaplan                 |                         |          |                           | \$0.00                            |              |                       | \$6,538.26                |
| Address                           |                         |          |                           | Item or Purpose of Debt           |              |                       | Outstanding Balance       |
| 7373 Christie Chapel Rd.          |                         |          |                           | Yard s                            | signs, med   | ia buy                | \$6,538.26                |
| City<br>Dublin                    | State Zip Code OH 43017 |          | Payments<br>Date          |                                   |              | This Period<br>Amount |                           |
| Date Debt was originally Incurred | м<br>1 2                | D 0 5    | 0 8                       | М                                 | D            | Y                     | \$                        |
| Registration Number, if PAC       |                         | 1        | <b></b>                   | М                                 | D            | Y                     |                           |
|                                   |                         |          |                           | М                                 | D            | Y                     |                           |
| To Whom Owed                      |                         |          |                           | Prior Amou                        | nt           |                       | Amt. Incurred this Period |
| Address                           |                         |          |                           | Item or Purp                      | oose of Debt |                       | Outstanding Balance       |
| City                              | Sta te<br>OH            | Zip Code | ;                         | Payments This Period  Date Amount |              |                       |                           |
| Date Debt was originally Incurred | М                       | D        | Y                         | М                                 | D            | Y                     | \$                        |
| Registration Number, if PAC       |                         | .1       |                           | М                                 | D            | Y                     |                           |
|                                   |                         |          |                           | М                                 | D            | Y                     |                           |
| To Whom Owed                      |                         |          |                           | Prior Amou                        | nt           |                       | Amt. Incurred this Period |
| Address                           |                         |          |                           | Item or Purp                      | oose of Debt |                       | Outstanding Balance       |
| City                              | Sta te<br>OH            | Zip Code | ;                         | Payments This Period  Date Amount |              |                       |                           |
| Date Debt was originally Incurred | М                       | D        | Y                         | М                                 | D            | Y                     | \$                        |
| Registration Number, if PAC       | <u> </u>                |          |                           | М                                 | D            | Y                     |                           |
|                                   |                         |          |                           | М                                 | 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 \$  | \$6,538.26 | (also record on cover page |