

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee GLASGOW FOR COUNCIL																								
To Whom Owed MALCOLM M. GLASGOW Address 793 LINDENHAVEN ROAD City GAHANNA State Zip Code OH 43230 Date Debt was originally Incurred 0 8 1 7 1 5 Registration Number, if PAC				Prior Amount 0.00	Amt. Incurred this Period 45.00																			
				Item or Purpose for Debt FEE	Outstanding Balance 45.00																			
				<table border="1"> <tr> <th colspan="3">Payments Made This Period</th> <th rowspan="2">Amount</th> </tr> <tr> <th>Date</th> <th></th> <th></th> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>\$</td> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td></td> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td></td> </tr> </table>		Payments Made This Period			Amount	Date			M	D	Y	\$	M	D	Y		M	D	Y	
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If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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 \$ **339.93** (also record on cover page)