



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee GLASGOW FOR COUNCIL				
To Whom Owed MALCOLM M. GLASGOW			Prior Amount 0	Amount Incurred this Period 413.19
Street Address 793 LINDENHAVEN ROAD			Item or Purpose of Debt PRINTED MATERIAL	Outstanding Balance 413.19
City GAHANNA	State OH	Zip Code 43230	Payments Received This Period	
Date of Original Loan (MM/DD/YYYY) 10/30/2017		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State OH	Zip Code	Payments Received This Period	
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount

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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 413.19 (also record on cover page)