

FOR PAPER FILING ONLY

Page _____

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|--|--|--|--------------------|--------------------------|----------------------------------|--|--|----|--|
| Full Name of Committee Grandview Heights City School Parents with Miller | | | | | | | | | |
| To Whom Owed Adam Miller | | | | | Prior Amount 14,038.30 | | Amt. Incurred this Period 0.00 | | |
| Address 1301 Murrel Ave | | | | | Item or Purpose for Debt | | Outstanding Balance 14,038.30 | | |
| City Columbus | | | State OH | Zip Code 43212 | | Payments Made This Period Date Amount | | | |
| Date Debt was originally Incurred 09/05/11 | | | | | M | D | Y | \$ | |
| Registration Number, if PAC | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| To Whom Owed | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address | | | | | Item or Purpose for Debt | | Outstanding Balance | | |
| City | | | State | Zip Code | | Payments Made This Period Date Amount | | | |
| Date Debt was originally Incurred | | | | | M | D | Y | \$ | |
| Registration Number, if PAC | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| To Whom Owed | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address | | | | | Item or Purpose for Debt | | Outstanding Balance | | |
| City | | | State | Zip Code | | Payments Made This Period Date Amount | | | |
| Date Debt was originally Incurred | | | | | M | D | Y | \$ | |
| Registration Number, if PAC | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |

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 \$ 14,038.30 (also record on cover page)