

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|--|--|--|--------------------|---|--|--|--|--|--|
| Full Name of Committee Citizens for Uttley | | | | | | | | | |
| To Whom Owed John W. Uttley, III | | | | | Prior Amount 217.67 | | | Amt. Incurred this Period 0.00 | |
| Address 4177 Stoneroot Drive | | | | | Item or Purpose of Debt Goods & Services | | | Outstanding Balance 217.67 | |
| City Hilliard | | | State OH | | Zip Code 43026 | | <div>Payments This Period</div> <div>Date Amount</div> | | |
| Date Debt was originally Incurred | | | M | D | Y | | \$ | | |
| Registration Number, if PAC | | | | | | | | | |
| | | | | | | | | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | |
| City | | | State | | Zip Code | | <div>Payments This Period</div> <div>Date Amount</div> | | |
| Date Debt was originally Incurred | | | M | D | Y | | \$ | | |
| Registration Number, if PAC | | | | | | | | | |
| | | | | | | | | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | |
| City | | | State | | Zip Code | | <div>Payments This Period</div> <div>Date Amount</div> | | |
| Date Debt was originally Incurred | | | M | D | Y | | \$ | | |
| Registration Number, if PAC | | | | | | | | | |
| | | | | | | | | | |

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 \$ 217.67 (also record on cover page)