Total Outstanding Balance \$

| | 44 |
|------|----|
| Page | П |

Statement of Outstanding Debts

Prescribed by Secretary of State 2/0

| Prescribed by Secretary | or stat | 2701 | | | | | | | |
|---|----------|--|------------|--|-----------|----------|---------------------------|-------------|--|
| Full Name of Committee | | | | | | - | | | |
| Citiznes for Jolley | _ | | | | | | | | |
| To Whom Owed | - | | | Prior An | nount | | Amt. Incurred this Period | | |
| Ryan P. Jolley | | | | | 1,2 | 11.90 | · | 0.00 | |
| Address | | | | | Purpose f | or Debt | Outstanding Balance | | |
| 617 Meadow Green Circle Apt B | | | | Office | Equip | pment | 1,211.90 | | |
| City | | Zip Coo | le | Payments Made This Period | | | | | |
| Gahanna | ОН | | 230 | L | Date | | Amo | ount | |
| Date Debt was originally incurred | м 0 2 | D 1 5 | 1 1 | М | ο | Y | \$ | | |
| Registration Number, if PAC | | _ | | _ M | D | Y | | | |
| | - | | | ≥ | D | ···· | | | |
| To Whom Owed | | ~ | | Prior An | rount | | Amt. Incurred | this Period | |
| Ryan P. Jolley | | | | | | 9.99 | | 0.00 | |
| Address | | | | | urpose f | or Debt | Outstanding Balance | | |
| 617 Meadow Green Circle Apt B | | | | Parac | de Sup | oplies | 9.99 | | |
| City | State | Zip Coo | ie | | Pay | yments N | lade This Perio | d l | |
| Gahanna | ОН | <u>. </u> | 230 | Date | | | Amo | ount - | |
| Date Debt was originally Incurred | м 0 7 | 0 1 | 1 1 | М | D | Y | \$ | | |
| Registration Number, if PAC | | | | М | D | Y | | | |
| | | | | | | | | | |
| | | | | М | D | Y | | | |
| | | | | | | | | | |
| To Whom Owed | 1 | | | Prior An | nount | | Amt. Incurred | this Period | |
| Ryan P. Jolley | : | _ | | L | | 11.49 | | 0.00 | |
| Address | : | | | | , | | Outstanding B | alance | |
| 617 Meadow Green Circle Apt B | | 15 6 | | Parade Supplies 111.49 | | | | | |
| City Gahanna | ОΗ | Zip Cod 43 | se 3230 | Payments Made This Period Date Amount | | | | | |
| Date Debt was originally Incurred | м 0 7 | 0 1 | 1 1 1 | M | Δ | Y | \$ | | |
| Registration Number, if PAC | | 1 | 1-:- | M | D : | Y | | | |
| # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | <u>.</u> | | M | D | Y | | | |
| | | | | JV | | | | | |
| | | | | | | | | | |

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)

1,333.38 (also record on cover page)