



Statement of Outstanding Debts

Form 31-N R.C. 3517.10

| Full Name of Committee | | | | | | | |
|---|--|-------------|-----------------------------|------------------------------|------------------------------|--------------|------------------------|
| KEEP HILLIARD BEAUTIFUL | | | | | | | |
| To Whom Owed | | | | Prior Amount | Amount Incurred this Period | | |
| LARDIERE MC NAIR | | | | 8149.75 | 0.00 | | |
| Street Address | | | | Item or Purpose of Debt | Outstanding Balance | | |
| 3956 BROWN PARK DR, | | | | | LEGAL FEES | 6749.75 | |
| City State Zip Code | | | | de | | | |
| HILLIARD OH ▼ 43026 | | | 6 | Payments This Period | | | |
| | Date Debt was Originally Incurred (MM/DD/YYYY) | | | Date of Payment (MM/DD/YYYY) | | Amount | |
| | | | 1/31/2018 | 07/13/2018 1400.00 | | | |
| Registration Number, if PAC | | | | | Date of Payment (MM/DD/Y | YYY) | Amount |
| | The second of th | | | | | | |
| | | | | | Date of Payment (MM/DD/YYYY) | | Amount |
| To Whom Owed | | | | | Prior Amount | Amoun | t Incurred this Period |
| Street Address | | | | | Item or Purpose of Debt | Outstar | nding Balance |
| City | State Zip Code | | | Payments This Period | | | |
| | Date Debt was Origi | inally Incu | rred (MM | I/DD/YYYY) | Date of Payment (MM/DD/Y | YYY) | Amount |
| Registration Number, if PAC | | | | | Date of Payment (MM/DD/Y | YYY) | Amount |
| | | | | | Date of Payment (MM/DD/Y | (YY) | 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 \$ 1400.00 | | | | (also record on Form 31-B) | | | |
| Total Outstanding Balance \$ 6749.75 | | | (also record on cover page) | | | | |