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## **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

| Full Name of Committee  |   | +                            |  |                  |                |                |  | <del></del>                                  |
|---|---|------------------------------|--|------------------|----------------|----------------|--|--|
| To Whom Owed  |   |                              |  |                  | Prior Amoun    | 1              |  | Amt. Incurred this Period                    |
|   | ١ ٥٠  |                              |  |                  |                |                |  |  |
| Address   | 0/18  |                              | , ,                                    |                  | Item or Purpo  | ose of Debt    |  | Outstanding Balance                          |
| City  | 1   | State Zip Code               |  |                  | Payments       |                |  | This Period                                  |
| Date Debt was originally Incurred   |   | М                            | D Y                                    |                  | M:             | D)             | Y  | Amount \$                                    |
| Registration Number, if PAC   | · · · · · · · · · · · · · · · · · · ·               | <u> </u>                     | !!                                     |                  | M,             | D <sub>i</sub> | Y  |  |
|   |   |                              |  |                  |                |                |  |  |
|   |   | ,                            | ‡<br>1                                 | 7                | M              | D              | Y  |  |
| To Whom Owed  |   | '                            | <u>'</u>                               |                  | Prior Amount   |                |  | Aint. Incurred this Period                   |
| Address   |   |                              | ······································ |                  | Item or Purp   | ose of Debt    |  | Outstanding Balance                          |
| City  |   | Sta te                       | Zip Code                               |                  | <u> </u>       |                |  | <u>                                     </u> |
|   |   |                              |  |                  |                | Date           | Pnyments                                     | This Period Amount                           |
| Date Debt was originally Incurred   |   | M                            | D Y                                    |                  | М              | U              | Y  | \$   |
| Registration Number, if PAC   | •             | ł.,'                         | . <del>l</del>                         |                  | M              | D              | Y  |  |
|   |   |                              |  |                  | M              | D              | Y  |  |
| To Whom Owed  |   |                              |  | •                | Prior Amour    | <u> </u>       | <u>                                     </u> | Aunt. Incurred this Period                   |
| Address   |   |                              | <del></del>                            |                  | Item or Purp   | ose of Debt    | :  | Outstanding Balance                          |
| City  |   | Sta te                       | Zip Code                               |                  | Payment        |                |  | s This Period                                |
| =   | 3   | M                            | D Y                                    | -                | M <sub>i</sub> | Date<br>D      | ·  | Amount                                       |
| Date Debt was originally Incurred   |   | 146                          | J. Complete State of the Land          |                  |                |                |  |  |
| Registration Number, if PAC   |   |                              |  |                  | M              | D              | Y  |  |
|   | ,   |                              | *                                      | 2                | M              | D              | Y  |  |
| If a debt is forgiven, write "Forgiven" in the "Outstanding forgiven should be included in the In-Kind Contributions. | Balance" column, Transl<br>Received (Form No. 31-J- | fer total of<br>-1). Transfe | all payments mader total outstandin    | le in 1<br>g deb | his period to  | the Stateme    | nt of Expend                                 | litures (Form No. 31-B). Total amou          |
| Total Payments this Period \$   | (also record on For                                 |                              |  |                  |                |                |  |  |
| Total Outstanding Balance \$  | (also record on cov                                 | er page)                     |  |                  |                |                |  |  |