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## **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

Full Name of Committee		<del></del>					
Citizens FOR Ton BAKER							
To Whom Owed	<del></del>	1 977	Prior Amount	Amount	t Incurred this Period		
Tom Rate	53000	Amount incurred this remod					
Street Address	Item or Purpose of Debt	Outstan	nding Balance				
11111 0-11		. 00			- 00		
4418/100 Atain La	URe	1 (<	LOAN	5-	500,		
City Hilliard	State OH	Zip Code 43026	Payments This Period				
		rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount		
01/1	3/2	2017	1-18-201	P	644.24		
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount		
			Date of Payment (MM/DD/YY	YY)	Amount		
To Whom Owed			Prior Amount	Amoun	t Incurred this Period		
Street Address	Item or Purpose of Debt Outstanding Balance						
				<u></u>	<del></del>		
City	State	Zip Code	Payments This Period				
Date Debt was Orio	inally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount		
	,			,			
Registration Number, if PAC	Date of Payment (MM/DD/YY	~~	Amount				
registration number, in 1 AO	,	Date of Fayment (MM/100/11)	'''	Titlount			
			Date of Payment (MM/DD/YY	YY)	Amount		
			, , , , , , , , , , , , , , , , , , ,	,			
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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 \$	644,24	(also record on Form 31-B)
Total Outstanding Balance \$	FORGIVEN	(also record on cover page)