FOR PAPER FILING ONLY

31-N R.C. 3517.10

Page	

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

							
Full Name of Committee Pame la Sue Hallum To Whom Owed Pame la Sue Hallum Prior Amount Amt. Incurred this Period \$770,50 Address Address State Columbus City Columbus OH 43207 Date Payments This Period Amount							
To Whom Owed Pamela Sue Ha	Hus	u		Prior Amour	nt		Ant. Incurred this Period 5 770, 50
5136 Edueview Road					ose of Debi		Outstanding Balance 270.50
Columbus	Stal te Zip Code OH 43207			Payments This Period Date Amount			
Date Debt was originally Incurred	09	19	07	/ ^M /	09	07	500,00
Registration Number, if PAC	······································			М	D	Y,	
	•			M	D	Y:	
To Whom Owed				Prior Amour	ıt	ian errae	Amt. Incurred this Period
Address					ose of Debt		Outstanding Balance
City	State Zip Code			Payments T Date			This Period Amount
Date Debt was originally Incurred	М	D,	Y	М	D _.	Υ,	\$
Registration Number, if PAC		1		м :	D	Y	
				M	Đ	Y	
To Whom Owed				Prior Amoun	nt		Amt. Incurred this Period
Address				Item or Purp	ose of Debi		Outstanding Balance
City	Sta te OH	Zip Code		·	Date	Payments '	This Period Amount
Date Debt was originally Incurred	M	D	Y	М	D	Yı	S
Registration-Number, if PAC	l	1	J	М	D	Ý	
				M .	D	Y	
					<u> </u>		

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 S 0 \$500,00	(also record on Form 31-B)
Total Outstanding Balance of Forniven	(also record on cover page)