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Statement of Outstanding Debts

Prescribed by Secretary	OI State	, 2/01						
Full Name of Committee		_						
Vote Dempsey Committee								
Marc Gaunce / Tactical Edge Ltd. Address				Prior A	Amount			Amt Incurred this Period
Marc Gaunce / MCHICAI EAGE Ltd.				Ta		-	00.00	0.00
.					r Purpos			Outstanding Balance
929 Harrison Avenue	State	Zıp C	ada	1-	ons	ult	ıng	1,000.00
City Columbus	State O H		3215		Payments Made This Period Date Amount			
Department	M	D	Y	M	D)	Y	\$
	1 0	0 :	1 0 5		┸			0.00
Registration Number, if PAC				M 	D) 	Y 	
				М	D		Y	
To Whom Owed				Prior A	Amount			Amt Incurred this Period
				1				
Address				Item o	r Purpos	e for	Debt	Outstanding Balance
City	State	Zıp C	ode		Payments Made This Period Date Amount			
Date Debt westing healty in onice	M	D	Y	M	D		Y 	\$
Registration Number, if PAC		•		M	D		Y 	
				M	D	1	Y	
To Whom Owed				Prior	I Amount			Amt Incurred this Period
Address				Item o	r Purpos	se for	r Debt	Outstanding Balance
City	State	Zıp C	ode		Payments Made This Period Date Amount			
DateDateVasionCoullyHiterice	M	D	Y	M	D		Y	S
Registration Number, if PAC			<u> </u>	М	E		Y	
				M	+	<u> </u>	Y	
If a debt is foreiven write "Foreiven" in the "Outstanding Balance" column. Transfer total of all tr	ovments	made ti	his nemod	to the St	atement	of	Expendit	ures (Form No. 31-B)

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 (
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)		
Total Outstanding Balance \$	1,000.00	(also record on cover page)		