D 7		
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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee					***************************************		
Friends of Walley To Whom Owed Port Columbus Post C Address	06	ert					
To Whom Owed	3 00		Prior Amou	nt		Amt. Incurred this Period	
Address Columbus Post C) T.F.	100	Item or Purp	oose of Debt		Outstanding Balance	
	,	,	P05	tag	C	4196.00	
Columbus	Sta te	Zip Code 43236	Payments This Period Date Amount				
Date Debt was originally Incurred	M	D Y	М	D	Y	\$	
Registration Number, if PAC	10	0707	M	D	Y		
			М	D	Y		
To Whom Owed			Prior Amou	nt		Amt. Incurred this Period	
Rite Aid Pharmac	/		Item or Pur	pose of Debt		Outstanding Balance 4.35	
120 W Main St			1	el 0	nes	\$ 2400	
Rite Aid Pharmac Address 120 W Main St City Russels Point	State Zip Code			Payments This Period			
Mussels Point	OH M	43348 D Y	M	Date D	Y	Amount	
Date Debt was originally Incurred	10	1409					
Registration Number, if PAC	1	<u> </u>	М	D	Y		
			M	D	Y		
To Whom Owed	3 6 6		Prior Amou	int		Amt. Incurred this Period	
South Columbes Post (<u>) </u>	100	Item or Pur	pose of Debt		Outstanding Balance	
			Pos	tag	<u>C</u>	Sg 4.00	
Columbus	Sta te	Zip Code 43207		Date		This Period Amount	
Date Debt was originally Incurred	M	D Y	М	D	Y	S	
Registration Number, if PAC	10	1009	M	D	Y		
regionation rumbor, it irre				-		anni control de la control de	
			M	D	Y		

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 \$		(also record on Form 31-B)
Total Outstanding Balance \$	298.35	(also record on cover page)