

Total Outstanding Balance \$

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## **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

| Full Name of Committee  |                         |                             | , " <u></u>                                 |              |        |  |  |  |
|---|-------------------------|-----------------------------|---|--------------|--------|--|--|--|
| Citizens to Elect Deneese Owen  |                         |                             |   |              |        |  |  |  |
| To Whom Owed  | Prior Amount            | Amount Incurred this Period |   |              |        |  |  |  |
| Sun Paoying Stee  | \$0                     | \$49.00                     |   |              |        |  |  |  |
| Street Address  | Item or Purpose of Debt | Outstanding Balance         |   |              |        |  |  |  |
| 4043 Lawel this Dr  | postage                 | \$49.00                     |   |              |        |  |  |  |
| N. Las Vegas  | State State             | Zip Code<br>870ろえ           | Payments Received This Period               |              |        |  |  |  |
| Da  | te of Original Loa      | an (MM/DD/YYYY)             | Date of Payment (MM/DD/Y                    | YYY)         | Amount |  |  |  |
| Registration Number, if PAC   |                         |                             | Date of Payment (MM/DD/YYYY)                |              | Amount |  |  |  |
|   |                         |                             | Date of Payment (MM/DD/YYYY)                |              | Amount |  |  |  |
| To Whom Owed  |                         |                             | Prior Amount Amount Incurred this Period    |              |        |  |  |  |
| Street Address  |                         |                             | Item or Purpose of Debt Outstanding Balance |              |        |  |  |  |
| City  | State Zip Code OH       |                             | Payments Received This Period               |              |        |  |  |  |
| Da  | te of Original Loa      | in (MM/DD/YYYY)             | Date of Payment (MM/DD/Y)                   | YY)          | Amount |  |  |  |
| Registration Number, if PAC   |                         |                             | Date of Payment (MM/DD/YYYY)                |              | Amount |  |  |  |
|   |                         |                             | Date of Payment (MM/DD/Y)                   | <b>(</b> YY) | Amount |  |  |  |
| 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-J-1). Transfer total outstanding debt amount to the cover page. |                         |                             |   |              |        |  |  |  |
| Total Payments This Period \$ (also record on Form 31-B)  |                         |                             |   |              |        |  |  |  |

(also record on cover page)