

OFFICE OF THE Ohio Secretary of State

Statement of Outstanding Debts

Form 31-N R.C. 3517.10

		-			
Full Name of Committee					
Countre to Elser Loni True	WT				
To Whom Owed			Prior Amount	Amount Incurred this Period	
Lori Trans			-0-	\$100.=	
Street Address			Item or Purpose of Debt	Outstanding Balance	
Street Address 2584 Eduy for Coop City State Zip Code			Advansing	\$100°2	
City	State	Zip Code	,		
Colubis	OF	43221	Payments This Period		
Date Debt was Orig	inally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YYY)	Amount
10/15/19					
Registration Number, if PAC			Date of Payment (MM/DD/YYYY) Amount		Amount
			Date of Payment (MM/DD/Y)	YY)	Amount
To Whom Owed			Prior Amount	Amoun	t Incurred this Period
LONG TRENT			-0 -	52,300,-	
Street Address			Item or Purpose of Debt	Outstanding Balance	
			& Yard Signs	F2,300=	
City Edwyter ROAS City	State OH	Zip Code 4322(Payments This Period		
Date Debt was Originally Incurred (MM/DD/YYYY)			Date of Payment (MM/DD/YYYY) Amount		
Registration Number, if PAC			Date of Payment (MM/DD/YYYY) Amount		Amount
			Date of Payment (MM/DD/YYYY)		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-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 \$ 3, 400.	(also record on cover page)