31-	N	
R.C	3517	10

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

			\$14	10.57	,	Amt Incurred this Period
MARK KOOGLER Address 4618 LYME COURT			lien or Purpose of Debt Purchase 18		Outstanding Balance	
Sta te OH					ts This Period Amount	
М	D	Y	M	D	Y	S
		<u> </u>	M)	D.	Ÿ	
			M	D	Y	
			Prior Amo	unt	: : : : : : : : : : : : : : : : : : :	Aint, Incurred this Period
			Item or Pu	pose of Debt		Outstanding Balance
Sta te OH	Zip Code	;			S This Period Amount	
M	D	Y	M	D	Υ.	S
		L	М	D	Y	
			М	D	Y	
			Prior Amou	unt	·	Amt. Incurred this Period
			Item or Pur	pose of Debt		Outstanding Balance
Sta te OH	Zip Code		Payments This Period Date Amount			
М	D	Y-	M	D	Y	\$
			М	D	Y	
			М	D	Υ	
	State OH M State COH M	State Zip Code OH D State Zip Code OH D State Zip Code OH D State Zip Code OH D	Sta te OH 430/6 M D Y Sta te OH D Y Sta te Zip Code OH D Y	Sta te Zip Code OH Y30/6 M D Y M Sta te Zip Code OH M D Y M Sta te Zip Code OH M D Y M Min M D Y M Sta te Zip Code OH M D Y M Sta te Zip Code OH M D Y M Sta te Zip Code OH M D Y M	State Zip Code OH	OH

forgiven should be included in the In-Kind Contributions Received (Form No. 31-3-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$	\$0.00	(also record on Form 31-1
Total Outstanding Balance \$ _	\$0.00	(also record on cover pag