

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee						
CITIZENS FOR HAUGHN						
To Whom Owed			Prior Amou			Amt, Incurred this Period
GARY L HAUGHN			\$212.21			
Address			Item or Purpose of Debt			Outstanding Balance
3887 ORCHARD LN			POST.	AGE, ENVE	LOPES	
City	Sta te	Zip Code			_	
GROVE CITY	ОН	43123		Date	Payments	This Period Amount
Date Debt was originally Incurred	0 8	0 8 1 3	1 2	0 5	1 3	\$ \$212.21
Registration Number, if PAC		· · · · · · · · · · · · · · · · · · ·	St	D	Yı	
				1		
			M	D	Y	
To Whom Owed			Prior Amou	nt l	!	Amt. Incurred this Period
GARY L HAUGHN			L	 46.85		Time incurred this i crica
				pose of Debt		Outstanding Balance
Address 3887 ORCHARD LN				FOR SIG		Outstanding balance
	1 5	i 7:- C-4-	1 7 11 11	1 011 010	-	<u> </u>
City GROVE CITY	State	Zîp Code			Payments	This Period
GROVE CITY	OH	43123		Date		Amount
Date Debt was originally Incurred	8 0	1 1 1 3	1 2	$\begin{bmatrix} 0 \\ 0 \end{bmatrix} 5$	1 3	s \$246.85
Registration Number, if PAC			M	D	Y	<u> </u>
			M	P	Y	
To Whom Owed		-	Prior Amou	nt		Amt. Incurred this Period
GARY L HAUGHN			\$2	236.64		
Address				pose of Debi		Outstanding Balance
3887 ORCHARD LN			PARA	DE CAND	Y	FORGIVEN
City	Sta te	Zip Code			_	<u> </u>
GROVE CITY	ОН	43123		Date	Payments	This Period Amount
Date Debt was originally Incurred	0 9	1 8 1 3	1 2	0 5	1 3	s \$194.97
Registration Number, if PAC	- '	1	M	D _i	Yı	
			M	D	Y,	
				1 '		
				<u>:</u>		

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 S	\$654.03	(also record on Form 31-B)
Total Outstanding Balance \$	\$0.00	(also record on cover page