| age 2 |
|-------|
| - ARC |

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| Tall Name (Caralless | | | | | | | |
|--|-------------|---------------|--|-------------------------|----------------------------------|----------|--|
| Full Name of Committee Committee to Elect Pat Mahaffey | | | | | | | |
| To Whom Owed | | | | Prior Amour | nt | | Amt. Incurred this Period |
| atrick Mahaffey | | | | \$2,380.68 | | | \$0.00 |
| Address | | | | | ose of Debt | | Outstanding Balance |
| 8135 Reynopldswood Dr | | | | maii | | | \$2,380.68 |
| City | Sta te | Zip Code | | | | | 1 |
| Reynoldsburg | oh | 43068 | - | | Payments This Period Date Amount | | |
| | M | D | Y | М | Date | Ý | \$ |
| Date Debt was originally Incurred | 1 1 | 0 1 | 1 1 | | | | |
| Registration Number, if PAC | · | | | М | D | Y | |
| | 7.4.7 | | | M | D | Y | |
| | 1.4 | 30 900 | | | | | |
| Whom Owed | | | | | 11 | | Amt. Incurred this Period |
| Address | | | | ltem or Purp | ose of Debt | | Outstanding Balance |
| City | Sta te | Zip Code | -, | | Payments This Period | | |
| | ОН | <u></u> | | Date | | | Amount |
| Date Debt was originally Incurred | М | D | Y | М | D | Y | \$ |
| Registration Number, if PAC | <u> </u> | | | М | D | Y | |
| | 200 | | | M | D | Y | |
| To Whom Owed | _ | | <u>م. د</u> | Prior Amou | nt | | Amt. Incurred this Period |
| Address | | | | Item or Purpose of Debt | | | Outstanding Balance |
| City | Sta le | Zip Code | | | | | ······································ |
| | ОН | | | | Date | Payments | This Period Amount |
| Date Debt was originally Incurred | M | D | Ÿ | M | D | Y | \$ |
| Registration Number, if PAC | | 1 | <u>. </u> | M | D | Y | |
| | | The of the co | | M | D | Y | - |
| | | 100 | 3 540 | <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 \$ | \$0.00 | (also record on Form 31-B |
|--------------------------------|------------|----------------------------|
| Total Outstanding Balance \$ _ | \$2,380.68 | (also record on cover page |