| Page | ) |
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## **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

| Full Name of Committee   |   |                |  | <del></del>          | <del></del>        |   |  |
|--|---|----------------|--|----------------------|--------------------|---|--|
| To Whom Owed   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \             |                |  | Prior Amo            | unt                | Amt. Incurred this Period                 |  |
| Address  | 0/18  |                | •  | Item or Pu           | rpose of Debt      | Outstanding Balance                       |  |
| City   |   | Zip Code       | -  | Payments This Period |                    |   |  |
| Date Debt was originally Incurred  |   | M              | D Y  | M                    |                    | Amount<br>Y                               |  |
| Registration Number, if PAC  | <u> </u>  | l <u></u> .    | <u>                                     </u> | M                    | D                  | Y   |  |
|  |   |                | )  | M                    | D                  | Y   |  |
| o Whom Owed  |   |                |  | Prior Amoi           | unt                | Aint. Incurred this Period                |  |
| Address  | - · · ·   | -              |  | ltem or Pur          | pose of Debt       | Outstanding Balance                       |  |
| City   |   | Sta te         | Zip Code                                     |                      | Pay:<br>Date       | ments This Períod Amount                  |  |
| Date Debt was originally Incurred  |   | M              | D Y  | M                    |                    | Y S                                       |  |
| Registration Number, if PAC  | <u> </u>  |                | ,:   | M                    | D                  | Y   |  |
|  |   |                |  | M                    | D                  | Y   |  |
| o Whom Owed  |   |                |  | Prior Amou           | unt                | Anst. Incurred this Period                |  |
| Address  |   |                |  | Item or Pur          | pose of Debt       | Outstanding Balance                       |  |
| City   |   | Sta te         | Zip Code                                     |                      | Pay:               | ments This Period Amount                  |  |
| Date Debt was originally Incurred  | ۶.,   | M              | D Y  | M                    | T-22               | Y S                                       |  |
| Registration Number, if PAC  |   | .1 !           | <u> </u>                                     | M                    | D                  | Y   |  |
|  |   |                |  | M                    | D                  | Y   |  |
| a debt is forgiven, write "Forgiven" in the "Outstanding<br>orgiven should be included in the In-Kind Contribution | Balance" column. Trans<br>Received (Form No. 31-J | fer total of ( | ill payments made                            | in this period to    | the Statement of E | expenditures (Form No. 31-B). Total amoun |  |
| otal Payments this Period \$   | (also record on Fo                                |                | •  |                      | - Parest Puber     |   |  |
| otal Outstanding Balance \$  | (also record on co                                | ver page)      |  |                      |                    |   |  |