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## **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

Full Name of Committee								
Neighbors for Ba	34						:	
To Whom Owed  Majintz St.	internes			Prior Amount		Amount Incurred this Period		
Street Address		Item or Purpose	Item or Purpose of Debt		Outstanding Balance			
To Whom Owed  Mujinty Strategres  Street Address  12854 Kenin Dr Svite 145  City  Tu Cksamble  FL 32253		Interet	Interest stemm		lovo			
city Ju cksamble		State	Zip Code 3225	3	Payments This Period			
				(Y) Date of Paymer	Date of Payment (MM/DD/YYYY)		Amount	
Registration Number, if PAC				Date of Paymer	nt (MM/DD/YY	YY)	Amount	
				Date of Paymer	Date of Payment (MM/DD/YYYY		Amount	
To Whom Owed				Prior Amount	Prior Amount Am		mount Incurred this Period	
Street Address				Item or Purpose	Item or Purpose of Debt Outs		standing Balance	
City		State	Zip Code		Payments This Period			
	Date Debt was Origin	nally Incu	rred (MM/DD/YY	(Y) Date of Paymer	nt (MM/DD/YY	YY)	Amount	
Registration Number, if PAC			Date of Paymer	Date of Payment (MM/DD/YYYY)		Amount		
				Date of Paymer	nt (MM/DD/YY	YY)	Amount	
If a debt is forgiven, write "Forgiven" in the "C (Form No. 31-B). Total amount forgiven shou cover page.	Outstanding Balance" Id be included in the	' column. ' In-Kind C	Transfer total of a	ill payments made in eived (Form No. 31-J	this period to	the Statotal ou	atement of Expenditures Itstanding debt amount to the	
Total Payments This Period \$			(also re	cord on Form 31-B)				
Total Outstanding Balance \$	000		(also re	record on cover page)				