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Page	

Statement of Outstanding Debts

For Hilliard hids	Prescribed by Sec	cretary of State 2/01	unl	201	4-Amende	
Full Name of Committee To Whom Owed	<u>.</u>		Prior Amount		Amt. Incurred this Period	
Address 20 GO Sicte Darby Exec C+ City HILLAGO OH 43026			Item or Purpose of Del	ot	Outstanding Balance	
City HINACO	Sta te OH	Zip Code 430Xi	Payments This Period Date Amount			
Date Debt was originally Incurred	М	D Y		//	734,20	
Registration Number, if PAC			M D) i		
	·	•	Prior Ainount	Y	Amt. Incurred this Period	
To Whom Owed			Item or Purpose of De	bt	Outstanding Balance	
Address	Sta te	Zip Code	-			
City	OH M	D Y	Payments This Period			
Date Debt was originally Incurred			M D	Y _i		
Registration Number, if PAC			M D	Y ₁		
			Prior Amount		Aint, Incurred this Period	
To Whom Owed			Item or Purpose of De	bt	Outstanding Balance	
Address .	Sta te	Zip Code				
City	OH M	D Yi	Payments This Period Date Amount M D Y S			
Date Debt was originally Incurred			M D	Yı		
Registration Number, if PAC			M D	Y		

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	Fire	<u> 91</u>	(also re	cord on Fo	orm 31-B)
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