Page	

## **Statement of Outstanding Debts**

Prescribed by Secretar	y of State	e 2/01							
Full Name of Committee									
For Hilliard Kids									
To Whom Owed					Prior A	mount		Amt. Incurred this Period	
RTM Enterprises	RTM Enterprises					4,53	37.36	2,295.25	
Address					Item or	Purpose for	r Debt	Outstanding Balance	
3060 Scioto Darby Exec. Ct.						_		6,836.61	
City Hilliard	State O H	Zip C	ode 302	6		Pa Date	yments M	Ande This Period  Amount	
Date:Debt.was:originally/Incurred	_M	_D_		<u>Y</u>	М	D	Y	<u> </u>	
*	0     4	2	0   1	1					
Registration Number, if PAC					М	D	Y		
					М	D	Ÿ		
To Whom Owed					Prior A	mount	I <u> !</u>	Amt. Incurred this Period	
Address	•				Item or I	Purpose for	Outstanding Balance		
City	State	Zip C	ode		_	Pa Date	yments N	I Tade This Period Amount	
Date Debt was originally Incurred	M	D		Y 	M	D	Y	\$	
Registration Number, if PAC	<u>'</u>	<u>, '</u>	1.	<u>'</u>	M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount Amt. Incurred this Period			Amt. Incurred this Period	
Address					Item or Purpose for Debt Outstanding Balance			Outstanding Balance	
City	State	Zip C	ode			Anount			
Date Debt was originally Incurred	M 	D		Y	М	D	Y	\$	
Registration Number, if PAC		-	•		М	D	Y		
				,	M	D	Y		
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all p Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-	-		-						

		•	M	D	Y			
• •	•	er total of all payments made this period to orm No. 31-J-1). Transfer total outstanding			-			
otal Payments this Period \$	0.00	(also record on Form 31-B)						
Total Outstanding Balance \$	6,836.61	(also record on cover page)						