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Statement of Outstanding Debts

Prescribed by Secretary	y of State	: 2/01					
Full Name of Committee					***************************************		
Friends of McGivern				gormonium mon			
To Whom Owed				Prior Amount			Amt. Incurred this Period
Kelly McGivern				0.00			1,050.00
Address				Item or Purpose for Debt			Outstanding Balance
3257 Northampton Drive	I c Iz: 0.1				rd Si	gns	1,050.00
City Hilliard	State OH	Zip Coo	026		Pa Date	yments N	Aade This Period Amount
Date Debt was originally Incurred	$\begin{bmatrix} M \\ 0 \end{bmatrix} 4$	$\begin{vmatrix} D \\ 0 \end{vmatrix} 1$	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	M	D	Y	\$
Registration Number, if PAC				M	D D	Y	
To Whom Owed				Prior An	nount		Amt. Incurred this Period
Address				Item or P	rupose fo	r Debt	Outstanding Balance
City	State	Zip Coo	de		Pa Date	yments N	Лаde This Period Amount
Date Debt was originally Incurred	M	D	Y	М	D	Y 	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed				Prior Amount Amt. Incurred this Period			
Address				Item or Purpose for Debt Outstanding Balance			
City	State	Zip Coo		Payments Made This Period Date Amount			
Date Debt was originally Incurred	M	D	Y	M	D	Y	\$
Registration Number, if PAC				M	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-							

0.00 (also record on Form 31-B) Total Payments this Period \$ 1,050.00 (also record on cover page) Total Outstanding Balance \$