31-N R.C. 3517.10



Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee						ORIGINA CAN-MINICACA A MARTINI		
Full Name of Committee Friends of Walley Obert								
Friends of Walley Obert To Whom Owed All Graphic Solutions Address 523 Main St City State Zip Code Groveport OH 43/25 M D Y				Prior Amount			Amt, Incurred this Period	
Address				Item or Purpose of Debt			Outstanding Balance	
523 Main St City State Zip Code				Printed Flyers			300.00	
City State Zip Code					Payments This Period			
Groveport	OH 43/25			Date Payments			Amount	
Date Debt was originally Incurred	M	09	09	M	D	Y	\$	
Registration Number, if PAC				М	D	Y		
				M	D	Y		
				Prior Amount			Amt. Incurred this Period	
To Whom Owed Address Address				Prior Amount				
Address			Item or Purpose of Debt			Outstanding Balance		
532 R Main St				Prin	ted1	Tyers	9/11.41	
532 R Main St City Groveport	ort			Payments This Period Date Amount				
	M	D	Y	M	D	Y	S	
Date Debt was originally Incurred	10	05	09				(CONT. CONT.	
Registration Number, if PAC				M	D	Y		
Section 1				М	D	Y		
To When Owed				Prior Amou	nt		Amt. Incurred this Period	
To Whom Owed					The Americans of the			
Address				Item or Purpose of Debt			Outstanding Balance	
City	Sta te	Zip Code	-		/ANG 103500000000000000000000000000000000000			
				Payments This Period Date Amount				
Date Debt was originally Incurred	М	D	Y	M	D	Y	S	
Registration Number, if PAC				M	D	Y		
				М	D	Y		
					a same			
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfe forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-	er total of a 1). Transfe	ll payments r total outsta	made in t	his period to t amount to th	the Statemer ne cover pag	nt of Expend e.	itures (Form No. 31-B). Total amount	

Total Payments this Period \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 4/11,4/ (also record on cover page)