31-N R.C. 3517.10

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## **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

Full Name of Committee								
Carpenters Local Union 200 PCE								
To Whom Owed				Prior Amount			Amt. Incurred this Period	
Address				Item or Purpose of Debt			Outstanding Balance	
City	Sta te Zip Code				Date	Payments	This Period Amount	
Date Debt was originally Incurred	M	D	Y	M	D	Y	\$	
Registration Number, if PAC			·	М	D	Y		
			2	М	D	Y		
To Whom Owed				Prior Amou	nt		Amt. Incurred this Period	
Address		·		ltem or Рип	oose of Debt		Outstanding Balance	
City	Starte Zip Code				Payments This Period  Date Amount			
Date Debt was originally Incurred	М	D	Y	М	D	Y	\$	
Registration Number, if PAC		<del>,</del>		М	D	Y		
			. '	М	D	Y		
To Whom Owed				Prior Amou	nt		Amt. Incurred this Period	
Address	_			Item or Purp	oose of Debt		Outstanding Balance	
City	Sta te OH	Zip Code			Date	Payments	This Period Amount	
Date Debt was originally Incurred	M	D	Y	М	Ď	Y	\$	
Registration Number, if PAC		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		М	D	Y	-	
				М	D	Y		
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transforgiven should be included in the In-Kind Contributions Received (Form No. 31-	nsfer total of J-1). Transfe	all payments er total outsta	made in 1 iding deb	this period to t amount to th	the Statemer ne cover pag	nt of Expende.	ditures (Form No. 31-B). Total amoun	

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