

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|-----------------------------------|--|--|--------|---|-------------------------|---|--|---------------------------|--|
| Full Name of Committee | | | | | | | | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | |
| City | | | Sta te | | Zip Code | | Payments This Period Date Amount | | |
| Date Debt was originally Incurred | | | M | D | Y | M | | | |
| Registration Number, if PAC | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | |
| City | | | Sta te | | Zip Code | | Payments This Period Date Amount | | |
| Date Debt was originally Incurred | | | M | D | Y | M | | | |
| Registration Number, if PAC | | | | | M | D | Y | | |
| | | | | | M | D | Y | | |
| To Whom Owed | | | | | Prior Amount | | | Amt. Incurred this Period | |
| Address | | | | | Item or Purpose of Debt | | | Outstanding Balance | |
| City | | | Sta te | | Zip Code | | Payments This Period Date Amount | | |
| Date Debt was originally Incurred | | | M | D | Y | M | | | |
| 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 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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ _____ (also record on cover page)