

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Paula Prentice Committee						Registration Number, if PAC			
Full Name of Candidate Paula Prentice									
Street Address 4235 Aldawood Hills Dr.					Office Sought Summit Cty Council		District 8		
City Akron						State O H	Zip Code 44319		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M D Y 1 1 0 8 1 6	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	1,938.13
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	529.20
4. Total funds available (sum of lines 1, 2, 3)	\$	2,467.33
5. Total monetary expenditures (From Form No. 31-B)	\$	372.90
6. Balance on hand (line 4 minus line 5)	\$	2,094.43
7. Value of in-kind contributions received (From Form No. 31-J)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	21,600.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

2016 DEC 13 AM 9:22
 SUMMIT COUNTY BOARD OF ELECTIONS
 AKRON, OHIO
 # 407 AVC

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIRST DEGREE

Catherine A. Stoyoff, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Catherine A. Stoyoff
Signature

12/11/16
Date

Contribution pages 0

Expenditure pages 1

Other pages 5

Total pages 6

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Paula Prentice Committee									
To Whom Paid The Repository						M	D	Y	Amount
						1	1	0	372.90
Address 500 Market St. Ste. B			Purpose Ad in The Suburbanite						
City Canton		State OH	Zip Code 44702	Check Number 1228					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paula Prentice Committee							
Full Name Credit from Hot Cards				Registration Number, if PAC			
Address 2400 Superior Ave		Type* R E		M 1	D 0	Y 2	Amount 529.20
City Cleveland		State O H		Zip Code 44114		Form(Cash,Check,etc) Credit Account	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Paula Prentice Committee									
To Whom Owed Paula Prentice					Prior Amount 21,600.00			Amt. Incurred this Period	
Address 4235 Aldawood Hills Dr					Item or Purpose for Debt			Outstanding Balance 21,600.00	
City Akron			State OH	Zip Code 44319		Payments Made This Period			
					Date		Amount		
Date Debt was originally Incurred					M	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 Code		Payments Made This Period			
					Date		Amount		
Date Debt was originally Incurred					M	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 Code		Payments Made This Period			
					Date		Amount		
Date Debt was originally Incurred					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 payments made 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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 21,600.00 (also record on cover page)