

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|  |              |  |                |  |                   |                              |              |  |
|--|--------------|--|----------------|--|-------------------|------------------------------|--------------|--|
| Full Name of Committee<br><b>Committee to Elect Scot Stevenson Judge</b> |              |  |                |  |                   | Registration Number, if PAC  |              |  |
| Full Name of Candidate<br><b>Scot Stevenson</b>                          |              |  |                |  |                   |                              |              |  |
| Street Address<br><b>639 E Baird Ave</b>                                 |              |  |                | Office Sought<br><b>Common Pleas Judge</b> |                   | District<br><b>Summit Co</b> |              |  |
| City<br><b>BARBERIC</b>  |              |  |                | State<br><b>OH</b>                         |                   | Zip Code<br><b>44203</b>     |              |  |
| Type of Report<br>(place X to the left of report type)                   | Pre-Primary  |  | Post-Primary   |  | Pre-General       |                              | Post-General |  |
|  | July Monthly |  | August Monthly |  | September Monthly |                              | Termination  |  |
| Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No |              | Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                | Date of Election                           |                   | <b>11/10/16</b>              |              |  |

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 for 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  | \$ | <b>13980</b> | <b>00</b> |
| 2. Total monetary contributions (From Form No. 31-A)  | \$ | <b>1825</b>  | <b>00</b> |
| 3. Total other income (From Form No. 31-A-2)  | \$ | <b>15805</b> | <b>00</b> |
| 4. Total funds available (sum of lines 1, 2, 3)   | \$ | <b>15805</b> | <b>00</b> |
| 5. Total monetary expenditures (From Form No. 31-B)   | \$ | <b>0</b>     | <b>00</b> |
| 6. Balance on hand (From Form No. 31-E)   | \$ | <b>15805</b> | <b>00</b> |
| 7. Value of in-kind contributions received (From Form No. 31-J-1)   | \$ | <b>34875</b> | <b>00</b> |
| 8. Value of in-kind contributions made (From Form No. 31-J-2)   | \$ |              |           |
| 9. Outstanding loans owed by committee (From Form No. 31-C)   | \$ | <b>36008</b> | <b>45</b> |
| 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<br>Sum of lines 2, 7, and amount of any new loans received this period. | \$ |              |           |

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2016 DEC 16 AM 9:15  
BOARD OF ELECTIONS  
AKRON, OHIO  
#427 Ave

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 FIFTH DEGREE.

**JOHN D. CERNY, TREASURER** Signature **12-15-16** Date

|                             |                            |                      |                      |
|-----------------------------|----------------------------|----------------------|----------------------|
| Contribution pages <b>3</b> | Expenditure pages <b>0</b> | Other pages <b>2</b> | Total pages <b>5</b> |
|-----------------------------|----------------------------|----------------------|----------------------|

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full                    |  |             |                   |   |        |         |                                   |  |  |
|--|--|-------------|-------------------|---|--------|---------|-----------------------------------|--|--|
| Full Name of Contributor<br>DAWR BLOWR       |  |             |                   |   |        |         | Registration Number, if PAC       |  |  |
| Street Address<br>2932 WINECK ST.            |  |             |                   | Employer/Occupation/Labor Organization* |        |         | Form (Cash, Check, etc.)<br>check |  |  |
| City<br>MASSACHUSETTS                        |  | State<br>OH | Zip Code<br>44646 | M<br>1                                  | D<br>0 | Y<br>16 | Amount<br>100.00                  |  |  |
| Full Name of Contributor<br>NANCY SUMERICK   |  |             |                   |   |        |         | Registration Number, if PAC       |  |  |
| Street Address<br>638 Baird Ave              |  |             |                   | Employer/Occupation/Labor Organization* |        |         | Form (Cash, Check, etc.)<br>check |  |  |
| City<br>Barberton                            |  | State<br>OH | Zip Code<br>44203 | M<br>1                                  | D<br>0 | Y<br>16 | Amount<br>50.00                   |  |  |
| Full Name of Contributor<br>B.A. SUMERICK    |  |             |                   |   |        |         | Registration Number, if PAC       |  |  |
| Street Address<br>643 E Baird Ave            |  |             |                   | Employer/Occupation/Labor Organization* |        |         | Form (Cash, Check, etc.)<br>check |  |  |
| City<br>BARBERTON                            |  | State<br>OH | Zip Code<br>44203 | M<br>1                                  | D<br>0 | Y<br>16 | Amount<br>50.00                   |  |  |
| Full Name of Contributor<br>RONALD KOCHLER   |  |             |                   |   |        |         | Registration Number, if PAC       |  |  |
| Street Address<br>8900 STURLISH DR.          |  |             |                   | Employer/Occupation/Labor Organization* |        |         | Form (Cash, Check, etc.)<br>check |  |  |
| City<br>Macedonia                            |  | State<br>OH | Zip Code<br>44056 | M<br>1                                  | D<br>0 | Y<br>16 | Amount<br>50.00                   |  |  |
| Full Name of Contributor<br>ALISON MCCORD    |  |             |                   |   |        |         | Registration Number, if PAC       |  |  |
| Street Address<br>4728 NORTH RIDGE DR.       |  |             |                   | Employer/Occupation/Labor Organization* |        |         | Form (Cash, Check, etc.)<br>check |  |  |
| City<br>AKRON                                |  | State<br>OH | Zip Code<br>44333 | M<br>1                                  | D<br>0 | Y<br>16 | Amount<br>75.00                   |  |  |
| Full Name of Contributor<br>MICHAEL HOOVER   |  |             |                   |   |        |         | Registration Number, if PAC       |  |  |
| Street Address<br>489 Crestview              |  |             |                   | Employer/Occupation/Labor Organization* |        |         | Form (Cash, Check, etc.)<br>check |  |  |
| City<br>AKRON                                |  | State<br>OH | Zip Code<br>44320 | M<br>1                                  | D<br>0 | Y<br>16 | Amount<br>25.00                   |  |  |
| Full Name of Contributor<br>MICHAEL CALLEHER |  |             |                   |   |        |         | Registration Number, if PAC       |  |  |
| Street Address<br>137 S. MAIN ST             |  |             |                   | Employer/Occupation/Labor Organization* |        |         | Form (Cash, Check, etc.)<br>check |  |  |
| City<br>AKRON                                |  | State<br>OH | Zip Code<br>44308 | M<br>1                                  | D<br>0 | Y<br>16 | Amount<br>100.00                  |  |  |
| Full Name of Contributor<br>STACY MCGOWAN    |  |             |                   |   |        |         | Registration Number, if PAC       |  |  |
| Street Address<br>670 Crossings Circle       |  |             |                   | Employer/Occupation/Labor Organization* |        |         | Form (Cash, Check, etc.)<br>check |  |  |
| City<br>Tullahoma OH                         |  | State<br>OH | Zip Code<br>44374 | M<br>1                                  | D<br>0 | Y<br>16 | Amount<br>75.00                   |  |  |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full                             |  |             |                   |  |         |         |                                    |                  |  |
|---|--|-------------|-------------------|--|---------|---------|------------------------------------|------------------|--|
| Full Name of Contributor<br>Annette Powers            |  |             |                   |  |         |         | Registration Number, if PAC        |                  |  |
| Street Address<br>1140 Jefferson Ave                  |  |             |                   | Employer/Occupation/Labor Organization |         |         | Form (Cash, Check, etc.)<br>check  |                  |  |
| City<br>Akron   |  | State<br>OH | Zip Code<br>44313 |  | M<br>10 | D<br>23 | Y<br>16                            | Amount<br>100.00 |  |
| Full Name of Contributor<br>James Hill                |  |             |                   |  |         |         | Registration Number, if PAC        |                  |  |
| Street Address<br>2618 Barkow Rd                      |  |             |                   | Employer/Occupation/Labor Organization |         |         | Form (Cash, Check, etc.)<br>check  |                  |  |
| City<br>Hudson  |  | State<br>OH | Zip Code<br>44236 |  | M<br>10 | D<br>21 | Y<br>16                            | Amount<br>50.00  |  |
| Full Name of Contributor<br>Troy Reuss                |  |             |                   |  |         |         | Registration Number, if PAC        |                  |  |
| Street Address<br><del>200</del> 3341 Suffolk Downs   |  |             |                   | Employer/Occupation/Labor Organization |         |         | Form (Cash, Check, etc.)<br>300.00 |                  |  |
| City<br>steub   |  | State<br>OH | Zip Code<br>44224 |  | M<br>10 | D<br>23 | Y<br>16                            | Amount<br>check  |  |
| Full Name of Contributor<br>Dana Hicks                |  |             |                   |  |         |         | Registration Number, if PAC        |                  |  |
| Street Address<br>159 S Main St.                      |  |             |                   | Employer/Occupation/Labor Organization |         |         | Form (Cash, Check, etc.)<br>check  |                  |  |
| City<br>Akron   |  | State<br>OH | Zip Code<br>44308 |  | M<br>10 | D<br>25 | Y<br>16                            | Amount<br>75.00  |  |
| Full Name of Contributor<br>Paul Grant                |  |             |                   |  |         |         | Registration Number, if PAC        |                  |  |
| Street Address<br>209 S Main St.                      |  |             |                   | Employer/Occupation/Labor Organization |         |         | Form (Cash, Check, etc.)<br>check  |                  |  |
| City<br>Akron   |  | State<br>OH | Zip Code<br>44308 |  | M<br>10 | D<br>21 | Y<br>16                            | Amount<br>100.00 |  |
| Full Name of Contributor<br>David Lombardi            |  |             |                   |  |         |         | Registration Number, if PAC        |                  |  |
| Street Address<br>209 South Main St                   |  |             |                   | Employer/Occupation/Labor Organization |         |         | Form (Cash, Check, etc.)<br>check  |                  |  |
| City<br>Akron   |  | State<br>OH | Zip Code<br>44308 |  | M<br>10 | D<br>20 | Y<br>16                            | Amount<br>100.00 |  |
| Full Name of Contributor<br>Friends of Judge Callahan |  |             |                   |  |         |         | Registration Number, if PAC        |                  |  |
| Street Address<br>100 E Mill St.                      |  |             |                   | Employer/Occupation/Labor Organization |         |         | Form (Cash, Check, etc.)<br>check  |                  |  |
| City<br>Akron   |  | State<br>OH | Zip Code<br>44308 |  | M<br>10 | D<br>20 | Y<br>16                            | Amount<br>150.00 |  |
| Full Name of Contributor<br>Donald Walker             |  |             |                   |  |         |         | Registration Number, if PAC        |                  |  |
| Street Address<br>175 Hunt Club Dr                    |  |             |                   | Employer/Occupation/Labor Organization |         |         | Form (Cash, Check, etc.)<br>Check  |                  |  |
| City<br>Copley  |  | State<br>OH | Zip Code<br>44321 |  | M<br>10 | D<br>30 | Y<br>16                            | Amount<br>100.00 |  |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |                    |   |               |  |                |
|---|--------------------|---|---------------|--|----------------|
| Name of Committee in Full                                     |                    |   |               |  |                |
| Full Name of Contributor<br><i>Brian Williams</i>             |                    |   |               | Registration Number, if PAC              |                |
| Street Address<br><i>209 S MAPLE ST</i>                       |                    | Employer/Occupation/Labor Organization* |               | Form (Cash, Check, etc.)<br><i>check</i> |                |
| City<br><i>Akron</i>  | State<br><i>OH</i> | Zip Code<br><i>44308</i>                | M<br><i>1</i> | D<br><i>0</i>                            | Y<br><i>16</i> |
| Amount<br><i>75.00</i>  |                    |   |               |  |                |
| Full Name of Contributor<br><i>William David</i>              |                    |   |               | Registration Number, if PAC              |                |
| Street Address<br><i>2385 Covington Rd #401</i>               |                    | Employer/Occupation/Labor Organization* |               | Form (Cash, Check, etc.)<br><i>check</i> |                |
| City<br><i>Akron</i>  | State<br><i>OH</i> | Zip Code<br><i>44313</i>                | M<br><i>1</i> | D<br><i>0</i>                            | Y<br><i>16</i> |
| Amount<br><i>20.00</i>  |                    |   |               |  |                |
| Full Name of Contributor<br><i>Friends of Sids Collection</i> |                    |   |               | Registration Number, if PAC              |                |
| Street Address<br><i>120 E-mull St.</i>                       |                    | Employer/Occupation/Labor Organization* |               | Form (Cash, Check, etc.)<br><i>check</i> |                |
| City<br><i>Akron</i>  | State<br><i>OH</i> | Zip Code<br><i>44308</i>                | M<br><i>1</i> | D<br><i>0</i>                            | Y<br><i>16</i> |
| Amount<br><i>50.00</i>  |                    |   |               |  |                |
| Full Name of Contributor                                      |                    |   |               | Registration Number, if PAC              |                |
| Street Address  |                    | Employer/Occupation/Labor Organization* |               | Form (Cash, Check, etc.)                 |                |
| City  | State              | Zip Code                                | M             | D  | Y              |
| Amount  |                    |   |               |  |                |
| Full Name of Contributor                                      |                    |   |               | Registration Number, if PAC              |                |
| Street Address  |                    | Employer/Occupation/Labor Organization* |               | Form (Cash, Check, etc.)                 |                |
| City  | State              | Zip Code                                | M             | D  | Y              |
| Amount  |                    |   |               |  |                |
| Full Name of Contributor                                      |                    |   |               | Registration Number, if PAC              |                |
| Street Address  |                    | Employer/Occupation/Labor Organization* |               | Form (Cash, Check, etc.)                 |                |
| City  | State              | Zip Code                                | M             | D  | Y              |
| Amount  |                    |   |               |  |                |
| Full Name of Contributor                                      |                    |   |               | Registration Number, if PAC              |                |
| Street Address  |                    | Employer/Occupation/Labor Organization* |               | Form (Cash, Check, etc.)                 |                |
| City  | State              | Zip Code                                | M             | D  | Y              |
| Amount  |                    |   |               |  |                |
| Full Name of Contributor                                      |                    |   |               | Registration Number, if PAC              |                |
| Street Address  |                    | Employer/Occupation/Labor Organization* |               | Form (Cash, Check, etc.)                 |                |
| City  | State              | Zip Code                                | M             | D  | Y              |
| Amount  |                    |   |               |  |                |

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# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full                                |  |  |                          |   |                                       |
|--|--|--|--------------------------|---|---------------------------------------|
| Full Name of Contributor<br><b>OHIO REPUBLICAN PARTY</b> |  | Employer, Occupation, Labor Organization*                  |                          | Registration Number, if PAC   |                                       |
| Street Address<br><b>211 FIFTH STREET</b>                |  | Description of Item or Service<br><b>PRINTING/POSTAGE</b>  |                          | M   D   Y<br><b>10   20   16</b>  | Fair Market Value<br><b>14,875.00</b> |
| City<br><b>COLUMBUS</b>                                  |  | State<br><b>OH</b>   | Zip Code<br><b>43215</b> | Received at Fundraising Event?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                       |
| Full Name of Contributor<br><b>OHIO REPUBLICAN PARTY</b> |  | Employer, Occupation, Labor Organization*                  |                          | Registration Number, if PAC   |                                       |
| Street Address<br><b>211 FIFTH ST</b>                    |  | Description of Item or Service<br><b>PRINTING, POSTAGE</b> |                          | M   D   Y<br><b>11   01   16</b>  | Fair Market Value<br><b>15,000.00</b> |
| City<br><b>COLUMBUS</b>                                  |  | State<br><b>OH</b>   | Zip Code<br><b>43215</b> | Received at Fundraising Event?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                       |
| Full Name of Contributor                                 |  | Employer, Occupation, Labor Organization*                  |                          | Registration Number, if PAC   |                                       |
| Street Address   |  | Description of Item or Service                             |                          | M   D   Y   | Fair Market Value                     |
| City   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |                                       |
| Full Name of Contributor                                 |  | Employer, Occupation, Labor Organization*                  |                          | Registration Number, if PAC   |                                       |
| Street Address   |  | Description of Item or Service                             |                          | M   D   Y   | Fair Market Value                     |
| City   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |                                       |
| Full Name of Contributor                                 |  | Employer, Occupation, Labor Organization*                  |                          | Registration Number, if PAC   |                                       |
| Street Address   |  | Description of Item or Service                             |                          | M   D   Y   | Fair Market Value                     |
| City   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |                                       |
| Full Name of Contributor                                 |  | Employer, Occupation, Labor Organization*                  |                          | Registration Number, if PAC   |                                       |
| Street Address   |  | Description of Item or Service                             |                          | M   D   Y   | Fair Market Value                     |
| City   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |                                       |
| Full Name of Contributor                                 |  | Employer, Occupation, Labor Organization*                  |                          | Registration Number, if PAC   |                                       |
| Street Address   |  | Description of Item or Service                             |                          | M   D   Y   | Fair Market Value                     |
| City   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |                                       |
| Full Name of Contributor                                 |  | Employer, Occupation, Labor Organization*                  |                          | Registration Number, if PAC   |                                       |
| Street Address   |  | Description of Item or Service                             |                          | M   D   Y   | Fair Market Value                     |
| City   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |                                       |

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# Statement of Loans Received

Prescribed by Secretary of State 3/05

|  |  |                    |  |                          |  |                            |   |        |    |                                  |   |   |    |
|--|--|--------------------|--|--------------------------|--|----------------------------|---|--------|----|----------------------------------|---|---|----|
| Full Name of Committee                     |  |                    |  |                          |  |                            |   |        |    |                                  |   |   |    |
| From Whom Received<br><i>Sect Stuenker</i> |  |                    |  |                          |  |                            |   |        |    | Prior Amount<br><i>36,008.45</i> |   | Amt. Incurred this Period<br><i>-0-</i> |    |
| Address<br><i>639 E - Baird Ave</i>        |  |                    |  |                          |  |                            |   |        |    |                                  |   | Outstanding Balance<br><i>36,009.45</i> |    |
| City<br><i>BARBERTON</i>                   |  | State<br><i>OH</i> |  | Zip Code<br><i>44203</i> |  | Loans Received This Period |   |        |    | Payments This Period             |   |   |    |
|  |  |                    |  |                          |  | Date                       |   | Amount |    | Date                             |   | Amount                                  |    |
|  |  |                    |  |                          |  | M                          | D | Y      | \$ | M                                | D | Y                                       | \$ |
| Date Loan was originally Incurred          |  |                    |  |                          |  |                            |   |        |    |                                  |   |   |    |
| Registration Number, if PAC                |  |                    |  |                          |  | M                          | D | Y      |    | M                                | D | Y                                       |    |
| Employer/Occupation/Labor Organization*    |  |                    |  |                          |  | M                          | D | Y      |    | M                                | D | Y                                       |    |
| From Whom Received                         |  |                    |  |                          |  |                            |   |        |    | Prior Amount                     |   | Amt. Incurred this Period               |    |
| Address                                    |  |                    |  |                          |  |                            |   |        |    |                                  |   | Outstanding Balance                     |    |
| City                                       |  | State              |  | Zip Code                 |  | Loans Received This Period |   |        |    | Payments This Period             |   |   |    |
|  |  |                    |  |                          |  | Date                       |   | Amount |    | Date                             |   | Amount                                  |    |
|  |  |                    |  |                          |  | M                          | D | Y      | \$ | M                                | D | Y                                       | \$ |
| Date Loan was originally Incurred          |  |                    |  |                          |  |                            |   |        |    |                                  |   |   |    |
| Registration Number, if PAC                |  |                    |  |                          |  | M                          | D | Y      |    | M                                | D | Y                                       |    |
| Employer/Occupation/Labor Organization*    |  |                    |  |                          |  | M                          | D | Y      |    | M                                | D | Y                                       |    |
| From Whom Received                         |  |                    |  |                          |  |                            |   |        |    | Prior Amount                     |   | Amt. Incurred this Period               |    |
| Address                                    |  |                    |  |                          |  |                            |   |        |    |                                  |   | Outstanding Balance                     |    |
| City                                       |  | State              |  | Zip Code                 |  | Loans Received This Period |   |        |    | Payments This Period             |   |   |    |
|  |  |                    |  |                          |  | Date                       |   | Amount |    | Date                             |   | Amount                                  |    |
|  |  |                    |  |                          |  | M                          | D | Y      | \$ | M                                | D | Y                                       | \$ |
| Date Loan was originally Incurred          |  |                    |  |                          |  |                            |   |        |    |                                  |   |   |    |
| Registration Number, if PAC                |  |                    |  |                          |  | M                          | D | Y      |    | M                                | D | Y                                       |    |
| Employer/Occupation/Labor Organization*    |  |                    |  |                          |  | M                          | D | Y      |    | M                                | D | Y                                       |    |

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 36,009.45
- 2 Total received this period \$ -0- (To Form No. 31-A-2)
- 3 Total payments this period \$ -0- (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 36,009.45 (To Form No. 30-A)