

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Paula Prentice Committee</b>						Registration Number, if PAC			
Full Name of Candidate <b>Paula Prentice</b>									
Street Address <b>4235 Aldawood Hills Dr.</b>					Office Sought <b>Summit Cty Council</b>		District <b>8</b>		
City <b>Akron</b>					State <b>O H</b>		Zip Code <b>44319</b>		
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		<b>X</b> Semiannual <b>2017</b>
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

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	\$ 2,094.43
2. Total monetary contributions (From Form No. 31-A)	\$ 3,358.00
3. Total other income (From Form No. 31-A-1)	\$ 8.82
4. Total funds available (Sum of lines 1, 2, 3)	\$ 5,461.25
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,021.30
6. Balance on hand (line 4 minus line 5)	\$ 4,439.95
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
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	\$

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 JUL 31 AM 11:16

#1167 AVC  
ELECTIONS  
AKRON, OHIO

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

Catherine A Stoyhoff, Treasurer Catherine A Stoyhoff 7/30/17  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 6

Expenditure pages 2

Other pages 9

Total pages 17

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Paula Prentice Committee</b>							
Full Name of Contributor <b>Contributions from form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	5	0	6	1
							2,433.00
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	
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	

\* 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 appear [R.C. 3517.10(B)(4)]

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		IBEW		0	5	17	250.00
Full Name of Contributor IBEW PAC Voluntary Fund		Registration Number, if PAC					
Street Address 900 Seventh St. MW		Zip Code 20001		Form(Cash,Check,etc) Check #036060			
City Washington		State D   C					
America 2.0 PAC		Summit County		0	6	17	100.00
Full Name of Contributor America 2.0 PAC		Registration Number, if PAC		C00417584			
Street Address P.O. Box 83142		Zip Code 20883-3142		Form(Cash,Check,etc) Check #1607			
City Gaithersburg		State M   D					
Margaret Scott		Summit County		0	5	17	50.00
Full Name of Contributor Margaret Scott		Registration Number, if PAC					
Street Address 3776 Fairway Park Dr. Apt. 101		Zip Code 44321		Form(Cash,Check,etc) Check # 552			
City Copley		State O   H					
Donald J. Mehl		Retired		0	4	17	50.00
Full Name of Contributor Donald J. Mehl		Registration Number, if PAC					
Street Address 790 Mt. Pleasant Ave.		Zip Code 44216		Form(Cash,Check,etc) Check #10321			
City Clinton		State O   H					
Nancy Rice		Housewife		0	5	17	50.00
Full Name of Contributor Nancy Rice		Registration Number, if PAC					
Street Address 1622 Grant Ave		Zip Code 44223		Form(Cash,Check,etc) Check# 8789			
City Cuyahoga Falls		State O   H					
Tim Crawford		Self-Employed		0	5	17	50.00
Full Name of Contributor Tim Crawford		Registration Number, if PAC					
Street Address 4109 Cleveland-Massillon Rd		Zip Code 44203		Form(Cash,Check,etc) Check #1372			
City Norton		State O   H					
Ronald Cable		Summit County		0	5	17	50.00
Full Name of Contributor Ronald Cable		Registration Number, if PAC					
Street Address 2470 Wendling Dr		Zip Code 44333		Form(Cash,Check,etc) Check #627			
City Akron		State O   H					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 600.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		Salvation Army		0	5	06	50.00
Full Name of Contributor Paula Kallio		Registration Number, if PAC					
Street Address 699 Wisteria Dr		City Barberton		Form(Cash,Check,etc) Check #713			
City		State O   H	Zip Code 44203				
Full Name of Contributor Sandra Kurt		Registration Number, if PAC					
Street Address 140 Mayfield Ave		Summit County		0	5	06	75.00
City Akron		Form(Cash,Check,etc) Check #4765					
City		State O   H	Zip Code 44313				
Full Name of Contributor Steven Kasarnich		Registration Number, if PAC					
Street Address 4429 Provens Dr.		Retired		0	5	06	75.00
City Akron		Form(Cash,Check,etc) Check #8149					
City		State O   H	Zip Code 44319				
Full Name of Contributor Zana Genovese		Registration Number, if PAC					
Street Address 3430 Bender Ave		Self-Employed		0	4	28	200.00
City Akron		Form(Cash,Check,etc) Check #1026					
City		State O   H	Zip Code 44319				
Full Name of Contributor Frank Kunstel		Registration Number, if PAC					
Street Address 131 Seaborn Dr		Retired		0	5	06	500.00
City Willowick		Form(Cash,Check,etc) Check #11748					
City		State O   H	Zip Code 44095				
Full Name of Contributor Janice Stottler		Registration Number, if PAC					
Street Address 635 Howe Rd		Tri-County Labor Council		0	5	06	100.00
City Cudahoga Falls		Form(Cash,Check,etc) Check #1973					
City		State O   H	Zip Code 44221				
Full Name of Contributor Kathryn Michael		Registration Number, if PAC					
Street Address 3363 Stanley Rd		City of Akron		0	5	06	100.00
City Fairlawn		Form(Cash,Check,etc) Check #1203					
City		State O   H	Zip Code 44333				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,100.00



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		Summit County		0	5	06	100.00
Full Name of Contributor John Galonski		Registration Number, if PAC					
Street Address 1137 Allendale Ave		City Akron		Form(Cash,Check,etc) Check #3858			
Full Name of Contributor Friends of Jeff Fusco		City of Akron		0	5	06	100.00
Street Address 2117 Forest Oak Dr		City Akron		Form(Cash,Check,etc) Check #1464			
Full Name of Contributor Al Bollas Campaign		City of New Franlin		0	4	27	100.00
Street Address 4758 Rooney Ave		City Akron		Form(Cash,Check,etc) Check #1201			
Full Name of Contributor Elect Ilene Shapiro		Summit County		0	4	25	100.00
Street Address 295 Wyant Rd		City Akron		Form(Cash,Check,etc) Check #1424			
Full Name of Contributor Stephen Zimmerman		Summit County		0	4	30	100.00
Street Address 210 Lake Front Dr		City Akron		Form(Cash,Check,etc) Check #2881			
Full Name of Contributor Gary Diceglio		Retired		0	5	06	100.00
Street Address 374 Lynndale Ave		City Akron		Form(Cash,Check,etc) Check #5110			
Full Name of Contributor Elva Pounders		Retired		0	5	06	31.00
Street Address 2393 Hillstock		City Akron		Form(Cash,Check,etc) Cash			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 631.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		Self-Employed		0	5	06	20.00
Full Name of Contributor Zana Genovese		Registration Number, if PAC					
Street Address 3430 Bender Ave		City Akron		Form(Cash,Check,etc) Cash			
City Akron		State OH		Zip Code 44319			
Full Name of Contributor George Johnson		Registration Number, if PAC					
Street Address 1378 Gurley Cir		City of Akron		0	5	06	25.00
City Akron		State OH		Zip Code 44310			
Full Name of Contributor Denise Ratchford		Registration Number, if PAC					
Street Address 1207 S. Azalea Blvd		Salvation Army		0	5	06	25.00
City Barberton		State OH		Zip Code 44203			
Full Name of Contributor Ingrid Kunstel		Registration Number, if PAC					
Street Address 131 Seaborn Dr		Retired		0	5	06	32.00
City Willowick		State OH		Zip Code 44095			
Full Name of Contributor Christine Marshall		Registration Number, if PAC					
Street Address 812 Delaware Ave		Workforce Investment Bd		0	6	17	50.00
City Akron		State OH		Zip Code 44303			
Full Name of Contributor Jason Dodson		Registration Number, if PAC					
Street Address 3695 Mogodore Rd		Summit County		0	5	08	75.00
City Mogadore		State OH		Zip Code 44260			
Full Name of Contributor Committee to Re-elect Judge Annalisa Williams		Registration Number, if PAC					
Street Address 1137 Allendale Ave				0	5	09	100.00
City Akron		State OH		Zip Code 100.00			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 327.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		Bevan & Assocs.		0	4	17	250.00
Full Name of Contributor Thomas Bevan		Registration Number, if PAC					
Street Address 530 Meadowridge Way		State OH		Zip Code 44236		Form(Cash,Check,etc) Check	
City Boston Heights							
Nancy Heslop		House wife		0	4	17	150.00
Full Name of Contributor Nancy Heslop		Registration Number, if PAC					
Street Address 950 Merriman Rd		State OH		Zip Code 44303		Form(Cash,Check,etc) Check #6271	
City Akron							
Byron Arledge		Pastoral Counseling		0	4	17	50.00
Full Name of Contributor Byron Arledge		Registration Number, if PAC					
Street Address 660 Rocky Hollow Dr		State OH		Zip Code 44313		Form(Cash,Check,etc) Check #1366	
City Akron							
William Zavarello		Attorney		0	4	17	250.00
Full Name of Contributor William Zavarello		Registration Number, if PAC					
Street Address 313 S. High St.		State OH		Zip Code 44305		Form(Cash,Check,etc) Check #14884	
City Akron							
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC					

\* 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 appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 700.00

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Paula Prentice Committee							
Full Name				Registration Number, if PAC			
Credit from Target							
Address	Type*		M	D	Y	Amount	
762 Arlington Ridge	R   E		0	5	0	8	1   7
City	State	Zip Code	Form(Cash,Check,etc)				
Akron	O   H	44312	Credit Account				
Full Name				Registration Number, if PAC			
Address				M   D   Y			
Type*				Amount			
City				Form(Cash,Check,etc)			
State							
Zip Code							
Full Name				Registration Number, if PAC			
Address				M   D   Y			
Type*				Amount			
City				Form(Cash,Check,etc)			
State							
Zip Code							
Full Name				Registration Number, if PAC			
Address				M   D   Y			
Type*				Amount			
City				Form(Cash,Check,etc)			
State							
Zip Code							
Full Name				Registration Number, if PAC			
Address				M   D   Y			
Type*				Amount			
City				Form(Cash,Check,etc)			
State							
Zip Code							
Full Name				Registration Number, if PAC			
Address				M   D   Y			
Type*				Amount			
City				Form(Cash,Check,etc)			
State							
Zip Code							
Full Name				Registration Number, if PAC			
Address				M   D   Y			
Type*				Amount			
City				Form(Cash,Check,etc)			
State							
Zip Code							
Full Name				Registration Number, if PAC			
Address				M   D   Y			
Type*				Amount			
City				Form(Cash,Check,etc)			
State							
Zip Code							
Full Name				Registration Number, if PAC			
Address				M   D   Y			
Type*				Amount			
City				Form(Cash,Check,etc)			
State							
Zip Code							

\* 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 Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full													
Paula Prentice Committee													
To Whom Paid						M	D	Y	Amount				
Summit County Democratic Party						1	2	1	4	1	6	50.00	
Address				Purpose									
438 Grant St													
City		State		Zip Code		Check Number							
Akron		OH		44311		1229							
To Whom Paid						M	D	Y	Amount				
The Andrea Rose Teodosio Foundation						0	1	2	1	1	7	125.00	
Address				Purpose									
P.O. Box 109				Donation									
City		State		Zip Code		Check Number							
Munroe Falls		OH		44262		1232							
To Whom Paid						M	D	Y	Amount				
LWVAA (League of Women Voters Akron Area)						0	1	2	1	1	7	70.00	
Address				Purpose									
1250 Exchange St.				Membership									
City		State		Zip Code		Check Number							
Akron		OH		44320		1230							
To Whom Paid						M	D	Y	Amount				
Summit County						0	5	1	5	1	7	50.00	
Address				Purpose									
175 South Main St				Infant Morality Walk									
City		State		Zip Code		Check Number							
Akron		OH		44308		1233							
To Whom Paid						M	D	Y	Amount				
Citizens for Stoyhoff						0	6	2	9	1	7	100.00	
Address				Purpose									
235 Lake Front Dr				Contribution									
City		State		Zip Code		Check Number							
Akron		OH		44319		1234							
To Whom Paid						M	D	Y	Amount				
Acme Store						0	5	0	9	1	7	50.00	
Address				Purpose									
3235 Manchester Rd				Volunteer Food									
City		State		Zip Code		Check Number							
Akron		OH		44319		Debit							
To Whom Paid						M	D	Y	Amount				
Exenditure from Form 31-F						0	5	0	6	1	7	576.30	
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 Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Paula Prentice Committee							
To Whom Paid				M	D	Y	Amount
Staples				0	4	0	27.32
Address		Purpose					
2981 Arlington Rd		Copies of Invite					
City	State	Zip Code	Check Number				
Akron	O   H	44312	Debit				
To Whom Paid				M	D	Y	Amount
United States Post Office				0	4	1	98.00
Address		Purpose					
2001 Brown St		Postage					
City	State	Zip Code	Check Number				
Akron	O   H	44319	Debit				
To Whom Paid				M	D	Y	Amount
Horse and Hound Gallery				0	4	0	37.95
Address		Purpose					
P.O. Box 99		Kentucky Derby Poster					
City	State	Zip Code	Check Number				
Goshen	K   Y	40026	Debit				
To Whom Paid				M	D	Y	Amount
Michaels Stores				0	4	2	56.34
Address		Purpose					
3750 Market St		Framing of Kentucky Derby Poster					
City	State	Zip Code	Check Number				
Fairlawn	O   H	44333	Debit				
To Whom Paid				M	D	Y	Amount
Giant Eagle				0	5	0	191.95
Address		Purpose					
1700 Corporate Woods Pkwy		Food for Fundraiser					
City	State	Zip Code	Check Number				
Uniontown	O   H	44685	Debit				
To Whom Paid				M	D	Y	Amount
Target				0	5	0	135.32
Address		Purpose					
762 Arlington Ridge		Food for Fundraiser					
City	State	Zip Code	Check Number				
Akron	O   H	44312	Debit				
To Whom Paid				M	D	Y	Amount
Giant Eagle				0	5	0	29.42
Address		Purpose					
1700 Corporate Woods Pkwy		Food for Fundraiser					
City	State	Zip Code	Check Number				
Uniontown	O   H	44685	Debit				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Paula Prentice Committee</b>										
To Whom Owed <b>Paula Prentice</b>						Prior Amount <b>21,600.00</b>		Amt. Incurred this Period		
Address <b>4235 Aldawood Hills Dr</b>						Item or Purpose for Debt		Outstanding Balance <b>21,600.00</b>		
City <b>Akron</b>				State <b>OH</b>	Zip Code <b>44319</b>		Payments Made This Period			
							Date	Amount		
Date Debt was originally Incurred				M	D	Y	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	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	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)