U. S. Department of Justice

United States Trustee, Region 10
Central & Southern Districts of Illinois
Northern & Southern Districts of Indiana

101 West Ohio Street, Suite 1000
Indianapolis, Indiana 46204

317 / 226-6101
FAX 317 / 226-6356

Office of the United States Trustee - Region 10
Indianapolis, Indiana

Monthly Report
for
Debtors-in-Possession and Chapter 11 Trustees

Each month all Chapter 11 debtors must file two copies of this report with the Bankruptcy Clerk. The report must be filed with the attached reports identified below, ready for distribution to the U.S. Trustee no later than the 15th day of the month following the end of the calendar month covered by this report.

Debtor Name: Harrold Family Limited Partnership For the month ended: Oct. 18, 2001 - Oct 31, 2

Case Number: 01-16128-BHL-11 Date Bankruptcy filed: Oct. 18, 2001

Required Documents	ATTACHED	SUBMITTED (Previously)
1. Monthly Income Statement (P&L1)	✓	
2. Monthly Cash Flow Report (CF1; 3 pages)		
3. Statement of Operations (Oprept)		
4. Other reports/documents as required by the U.S. Trustee		

The undersigned certifies under penalty of perjury that the information contained in this and accompanying reports is complete, true and correct to the best of my knowledge, information, and belief.

By: Patricia S Harrold Dated: 11-12-01, 19

General partner (Title) Debtor's telephone number 317-841-8033

Reports Prepared by: Patricia S Harrold (Name), General Partner (Title)

MRR REV. September 3, 1992

DOCUMENT NO. 31

OFFICE OF THE U.S. TRUSTEE - REGION 10
MONTHLY CASH FLOW REPORT
for the month ended Oct. 31, 2001

Debtor Name Harrold Family Limited Partnership

Case Number 01-16128-BHL-11

Reconciled bank balance and cash on hand from last month (if this is the first report, insert the cash balance as of the petition date)

CASH RECEIPTS	
from cash sales/receipts	
from collection of pre-petition accounts receivable	1,504
from collection of post-petition accounts receivable	
from loans	
from contributions to capital or from gifts	
other receipts (itemize on a separate sheet)	2,816
TOTAL RECEIPTS (Do not include beginning bank balance)	4,320
CASH DISBURSEMENTS	
inventory purchases	
* net payments to officers/owners	
* net payments to other employees	
rent payments	
lease payments	
mortgage or note payments	
adequate protection payments	2,094
insurance	
utilities/telephone	166
** tax payments	473
supplies	
outside labor	
travel/entertainment	
*** payments to attorneys	
*** payments to accountants	
*** payments to other professionals	
U.S. Trustee Quarterly Fee	
other expenses (itemize on a separate sheet)	5
TOTAL DISBURSEMENTS	2,738
NET CASH FLOW (Total Receipts minus Total Disbursements)	1,582
Bank Balance and cash on hand at the end of the month (beginning balance + cash receipts - cash disbursements)	1,582

* This figure is the actual cash paid. i.e. gross payroll less taxes withheld

** This figure comes from page 2 of this form

*** Attach a copy of the court order authorizing such payments

CF1(rev 9/3/92)

OFFICE OF THE U.S. TRUSTEE - REGION 10
AGING SCHEDULES FOR RECEIVABLES & PAYABLES
for the month ended Oct. 31, 2001

Accounts Receivable	Current 0-30 days	31-60 days	Past Due 61-90 days	Past Due 91 & over days	Past Due	
Pre-petition						
Post-petition						
Totals						0 (grand total)

Accounts Payable	Current 0-30 days	31-60 days	Past Due 61-90 days	Past Due 91 & over days	Past Due	
Post-petition only						0 (grand total)

Notes or Leases Payable or adequate protection agreements (Post Petition only)	Current 0-30 days	31-60 days	Past Due 61-90 days	Past Due 91 & over days	Past Due
List Creditor/Lessor					

Post Petition Bank	Bank Name	Account Number	Beginning Balance	Ending Balance
operating	Bank ONE DIP	#63334 2894	$200	$1,644.41
payroll				
tax escrow				
other(s)				

CF1(rev 9/3/92)

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Office of the United States Trustee - Region 10
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Statement of Operations
for the Month ended Oct. 31, 2001

Debtor Name: Harrold Family Limited Partnership

Case Number: 01-16128-BHL-11

1. What efforts have been made toward the presentation of a plan to creditors?
I have notified all mortgage companies giving them Bankruptcy information. I informed them that all condo units & home were up for sale and that we would keep them informed.

2. Has the Debtor in possession made any payments on the pre-petition unsecured debt since the filing of the bankruptcy?

✓ **NO**

_____ **YES - If yes, then identify to whom the payment was made, the date paid, and the amount(s).**

3. Provide a brief narrative covering any significant events which occurred this past month.
Jim has abandoned his family & businesses. All bank accounts have been frozen & I have no money.

4. List the face value of accounts receivable as of the date that the bankruptcy was filed: $_____.
What amount of these receivables is considered uncollectible? $_____.

5. If assets have been sold this month in other than the ordinary course of business, provide the following information:

a. **assets(s) sold:** 0

b. **date of sale:** _____

c. **sales price:** _____

d. **net amount received:** _____

6. List payments made to principals, executives, or insiders (this includes draws or cash withdrawals by individuals or partners, dividends, lease payments on property owned by insider, loans, gross salaries, etc.)

Payee Name	Position	Amount	Explanation

7. Schedule of insurance coverage.

Type of Policy	Expiration Date
State Farm - Homeowners	Jan. 10, 2002
American Strategic Ins Homeowners	March 23, 2002
Cincinnati INS. Homeowners	November 28, 2002

NEXT PAGE

Has any insurance coverage either been reduced or allowed to lapse during this month? If so, explain what changes have taken place.

If any insurance coverage will expire within 60 days from this report, explain what steps are being taken to renew existing policies or to acquire new insurance coverage. Provide the United States Trustee with a new certificate.

8. Schedule of changes in personnel.

		Full Time	Part Time
a.	Total number of employees at beginning of this period.	____	____
b.	Number hired during this period.	____	____
c.	Number terminated or resigned.	____	____
d.	Total number of employees on payroll at the end of this period.	____	____

	Paid through
American Family INS Business owners liability	7-15-02
State Farm Insurance (3 antique cars)	12-22-01 3-09-02 12-08-02
Hartford Insurance Hazzard liability	12-21-01