3	1-	·C		
R	C	351	7	10

Page_	1

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee	0.1										,				
Citizens for Judge Am From Whom Received	iy Salerno		-					Drion	Amou			Amt. Incurred this Period			
Joe Armeni (husband)									Amou	п		27,000.00			
Address (Husballa)									Outstanding Balance						
295 W. 4th Avenue												27,000.00			
City State Zip Code Loans Received This Period									Payments This Period						
Columbus	O H 43201			Date			Amount			Da		Amount			
Date Loan was originally Incurred	MDY	. M	^	D	7		37,000	М		D	Y	1 ⁵			
Registration Number, if PAC	0 9 0 2 0 5	0 M	9	0 2 D	10	<u> 5</u>	27,000.	М	-+-	D	Y				
registration remove, it is not					1			"		Ĩ	Î				
Employer/Occupation/Labor Organization*		М		D	13	7		М	十	D	Y				
					<u> </u>	<u>L</u>			丄	$oldsymbol{\perp}$					
From Whom Received								Prior	Amou	nt		Amt. Incurred this Period			
Joe Armeni (husbane Address	<u>a)</u>		_									259.00 Outstanding Balance			
295 W. 4th Avenue												259.00			
City	State Zip Code	Ti	Ωa	ıns Recei	ved T	his !	Period	Т			Pav	ments This Period			
Columbus	· · · · · · · · · · · · · · · · · · ·				Loans Received This Period Date Amount						Date Amount				
Date Loan was originally	M D Y	M		D	TY		\$	M	T	D	Y	\$			
Incurred	0 7 1 9 0 5		<u>7</u>	1 9		5	259.				44	(
Registration Number, if PAC		М		D	Y	r 1		М		D	Y				
Employer/Occupation/Labor Organization*	1	M		D	+	<u> </u>		М		D	Y				
,						1				-					
From Whom Received					· ************************************			Prior	Amou	nt		Amt. Incurred this Period			
Joe Armeni (husband	<u>i)</u>			******								605.00			
Address												Outstanding Balance			
295 W. 4th Avenue	State Zip Code	.										605.00			
Columbus OH 43201				ns Recei Date	vea 1	nus i	rerioa Amount	Paym Date				ments This Period Amount			
Date Loan was originally	M D Y	М		D	Y	7	\$	М	<u> </u>	D	Y	S			
Incurred	0 8 0 2 0 5	0	8	0 2	0	5	605		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$						
Registration Number, if PAC		М		D	Y			M	T	D	Y				
					╀.				\dashv		 				
Employer/Occupation/Labor Organization*		М		D	Y			М	1	D	Y				
			-	<u> </u>	<u> </u>		<u> </u>	<u> </u>			- 	<u> </u>			
* Required for contributions over \$100 to s	tatewide and general assemb	ly candi	dat	es. If con	tribut	or is	self-employed, occupation an	d the n	ame o	f the i	ndividual	's business,			
if any, rather than employer should be listed		ionate vi	ia p	ayroil de	ductio	on an	d exceed the aggregate of \$10	00, the	labor c	organi	zation of	which			
the employees are members, if any, must ap	opear. R.C. 3517.10(B)(4)														
If a loan is forgiven, write "Forgiven" in the	• •						• • • • • • • • • • • • • • • • • • •				•	· ·			
Transfer total of all payments made in this	period to the Statement of Ex	qenditu:	res	(Form N	0. 31-	-в).	ransfer Total Outstanding B	lance	io the c	cover	page (For	m No. 3U-A).			
1 Total prior amount \$	0.00														
Total prior united to															
2 Total received this period \$	27,8	64.00	<u>)</u>	(To For	m No	. 31-	A-2)								
		0.01	`												
3 Total Payments this Period \$		<u>U.U(</u>	J	(also rea	cord c	n Fo	rm 31-B)								
4 Total Outstanding Balance \$	27.8	64.00)	(To For	m No	. 30-	A)								
Lour Community Descrives	247 / C	<u> </u>	_	(1010)	m 140	. 50-	n <i>y</i>								