FOR PAPER FILING ONLY Statement of Loans Received

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Prescribed by Secretary of State3/05

E IVI													_				
Full Name of Committee																	
Aveni for Judge																	
From Whom Received										Prio	Amo					Amt. Incurred this Period	
Carl Aveni II												2	2,00	<u>0.0</u>	<u> </u>	0.00	
Address																Outstanding Balance	
4091 Glenmont Pl																2,000.00	
City State Zip Code			Loar	ıs Re	ceive	ed Th	is Pe	riod					_		Payr	nents This Period	
Columbus O H 4321	4			D	ate				Amount				Date			Amount	
Date Loan was originally, M D Incurred 6 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 8	M		D		Y		S		М		D		Y		\$	
Registration Number, if PAC		М		D	Ţ	Y		Т		М		D		Y			
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Employer/Occupation/Labor Organization*		М		D		Y		ı		М		D		Y			
From Whom Received			1	<u> </u>	-	_	_		1 - 1	Prio	Amo	unt			1	Amt. Incurred this Period	
Carl Aveni II										5,000.00				0.0	00	0.00	
Address									_							Outstanding Balance	
4091 Glenmont Pl																5,000.00	
City State Zip Code			Loar	ıs Re	ceive	d Th	is Per	ried			Payments This Period						
Columbus O H 4321	4	l			ate				Amount		Date					Amount	
Date Loan was originally, M D Incurred 0 4 1 8	Y 1 8	М		D		Y		s		М		D		Y		3	
Registration Number, if PAC	110	М		D	\vdash	Η¥	,	╈		M		D	-	Y	_		
Employer/Occupation/Labor Organization*		М		D		Y		Т		М		D		Y			
				L													
From Whom Received										Prio	Amo	unt				Amt. Incurred this Period	
Carl Aveni II														0.0	00	10,000.00	
Address																Outstanding Balance	
4091 Glenmont Pl																10,000.00	
City State Zip Code			Loar	ıs Re	ceive	d Th	is Per	riod		T					Payu	nents This Period	
Columbus O H 4321	4		Date Amount					Date Amount									
Date comments and the D	Y	М		D		Y		S		M		D		Y		\$	
Incurred : 1 0 2 2 Registration Number, if PAC	1 8	.			_	١.,	+	╀			\vdash	_	-	Y	_		
Magnetention Number #DAC		M		D		Y				М		D		ĭ			
Registration Number, a FAC																	
Employer/Occupation/Labor Organization*		М		D	\vdash	TY	1	Т		М		D		Y			
		М		D		Y		T		М		D		Y			

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 Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	7,000.00	
2	Total received this period \$	10,000.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	17,000.00	(To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)