FOR PAPER FILING ONLY Statement of Loans Received

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Prescribed by Secretary of State 3/05

6.50					T												
Full Name of Committee Aveni for Judge																	
From Whom Received				***	_			_		_		Prio	r Am	ount			Amt, Incurred this Period
Carl Aveni															0	.00	15,200.00
Address										_							Outstanding Balance
89 Manners Ave																	15,200.00
City	State	Zip Cod	le		L	oans	Recei	ved 1	lhis Po	erio	d		Payments This Pe				
Brockton		0230					Date				Amount		Date				Amount
DAC for an isospinally. Incurists A 1988	м 1 0	D 2 2	2 1	8	М		D		Y	Ì	\$	М		D		Y	S
Registration Number, if PAC	_				М		D		Y			М		D		Y	
Employer/Occupation/Labor Organization*				1	М		D	T	Y	1		М		D	7	7	
From Whom Received											· · · · · · · · · · · · · · · · · · ·	Prio	Am.	ount			Amt. Incurred this Period
Address Outstanding Ba							Outstanding Balance										
City	State	Zip Cod	е		L	oans l	Recei	ved T	his Pe	rio	d					Pay	ments This Period
		l		ı,			Date				Amount			D	ate		Amount
Date foan was originally.	М	D	Y	Ī	M		D		Y	1		М		D	,		\$
Registration Number, if PAC				1	М		D		Y	1	·	М		D	7	7	
Employer/Occupation/Labor Organization*			-	!	М		D		Y	1		М		D	7		
From Whom Received												Prior	Amo	cunt			Amt. Incurred this Period
Address																	Outstanding Balance
Ciry	State	Zip Cod	e	T	Loans Received This Period				Payments This Period								
		ļ					Date				Amount			D	ate		Amount
Date loan was originally.	М	D	Y		M		D		Y	1	3	М		D	,		\$
Registration Number, if PAC				1	M		D	T	Y	1		М		D	T		
Employer/Occupation/Labor Organization*				1	И	1	D	T	Y	1		М		D	7		
									_								<u></u>

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 \$	17,000.00	
2	Total received this period \$	15,200.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	32,200.00	(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)