FOR PAPER FILING ONLY



Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee								_								
Aveni for Judge																
From Whom Received										Pric	r Amc	unt				Amt. Incurred this Period
Carl Aveni													(0.0	0	2,000.00
Address						-										Outstanding Balance
4091 Glenmont Pl																2,000.00
City	State	Zip Code		L	oans F	Leceive	d This	Peni	od					P	ayn	nents This Period
Columbus	OH	4321		Date Amount					Date					Amount		
Date Loan was originally Incurred	м 0 3	D 1 3	1 8	M		D	Y		S	M		D		Ý		\$
Registration Number, if PAC				М		D	Y			М		D		Y		
Employer/Occupation/Labor Organization*				М	1	D	Y			М		D		Y		
From Whom Received										Pric	r Amo	unt				Amt. Incurred this Period
Carl Aveni													(0.0	0	5,000.00
Address																Outstanding Balance
4091 Glenmont Pl																5,000.00
City	State	Zip Code		L	oans F	leceive	d This	Perio	od		Payments This Period					
Columbus		4321		L		Date			Amount		Date					Amount
Date Loan was originally	м 0 4	1 8	1 8	М	I	D	Y		\$	М		D		Y		\$
Registration Number, if PAC				М	Ī	D	Y			М		D		Y		
Employer/Occupation/Labor Organization*				М	I		Y			М		D		Y		
From Whom Received				'						Prio	r Amo	ernt				Amt. Incurred this Period
Address																Outstanding Balance
City State Zip Code Loans Received This Period				xd		Payments This Period										
						Date			Amount				Date			Amount
Date Loan was originally Incurred	М	D	Y	М	I	0	Y		\$	М		D		Y		\$
Registration Number, if PAC				М	T	D	Y			М		D		Y		
														- 1		
Employer/Occupation/Labor Organization*		**		М	Ĩ	D	Y			М		D		Y		

If a loan is for given, write "For given" 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 \$	0.00	
2	Total received this period \$	7,000.00	(To Form No. 31-A-2)
3	Total Payments this Period\$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	7,000.00	(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)