

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Dr. Anahi Ortiz					
Full Name William T. Conard			Registration Number, if PAC NA		
Address 7727 Sudbrook Square	Type* L N		M 0 6	D 1 8	Y 1 5
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 10,000.00