## **Statement of Loans Received**

Page	

Prescribed by Secretary of State 3/0

				11000110	cu by sec	really of	5141C 57 65				
Full Name of Committee											
Friends of Dr. Anahi Ortiz											
From Whom Received								Prior An			Amt. Incurred this Period
William T. Conard							\$10,000.00			\$0.00	
Address						· · · · · · · · · · · · · · · · · · ·					Outstanding Balance
7727 Sudbrook Square											\$10,000.00
City	St ate	Zip Code					155 P				
New Albany	OH	43054	·	Loans Received This Period  Date Amount				Payments This Period Date Amount			
	M	D	Y	M	D	Y	s	M	D	Y	s
Date Loan was originally Incurred	0 6	1 8	1 8	1							
Registration Number, if PAC	I	<u> </u>	L	M	D	Y	<u> </u>	M	D	Y	
registration number, it is					"	1		IVI		'	
Employer/Occupation/Labor Organizatio	n*			M	D	Y		М	D	Y	
						1	1	"		'	
From Whom Received						1	<u> </u>	Prior An	nount	<del>1</del>	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate	Zip Code			****						
OH				Loans Received This Period  Date Amount				Payments This Period Date Amount			
	М	D	Y	M	D	Y	S	М	D	Y	\$
Date Loan was				l				1			
originally Incurred	<u> </u>	<u> </u>	<u> </u>	M	1 5	17		+-,	<u> </u>	V	
Registration Number, if PAC			М	D	Ϋ́		M	D	Y		
Employer/Occupation/Labor Organizatio	*			M	D	Y		M	D	Y	
ranproyer/Occupation/Labor Organizatio	u.			"	"	<b>'</b>		IVI		'	
From Whom Received				I			l	Prior An	ount	<u> </u>	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate	Zip Code	;	$\overline{}$				_			
	ОН			Loans Received This Period  Date Amount				Payments This Peri			
	M	D	ΙΥ	M	Date	ΙΥ	Amount	M	Date D	ΤΥ	Amount
Date Loan was	"	"	1			^		.,,,	"	1	ľ
originally Incurred		1			}						
Registration Number, if PAC				M	D	Y		М	D	Y	
				L.				1		<u> </u>	
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y		
				<u> </u>	<u> </u>				<u></u>		
* Required for contributions from in	dividuals o	ver \$100	to statewic	le and o	eneral as	sembly	candidates If contribu	tor is self	employe	d the oc	cupation and the name of

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

<sup>1</sup> Total prior amount \$ \$10	,000.00	
<sup>2</sup> Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	\$10,000.00	(To Form No. 30-A

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]